



PUBLIC HEALTH AGENCY
10,000 Voices
Hospital Eye Care Services
Report June 2016 – June 2017

20th October 2017

Foreword

We are pleased to present the regional report on the findings in relation to Hospital Eye Care Services, which is one of a number of work streams on the current 10,000 MORE Voices work plan. The 10,000 MORE Voices Initiative is commissioned and funded by the Health and Social Care Board (HSCB) and the Public Health Agency (PHA) to introduce a more person centred approach to shaping the way services are delivered and commissioned. It is based on the principles of Experience Led Co-Design, which have been adapted into a robust and systematic model, through which patients, clients, family members, carers and staff describe their experience of receiving and delivering health and social care in Northern Ireland.

The 10,000 Voices initiative was recognised in both the Human Rights Inquiry in Emergency Health Care (NIHRC 2015) and also in the review of the arrangements for assuring and improving the quality and safety of care in Northern Ireland (Donaldson 2014). Through this partnership approach the profile of patient and client experience, as a key indicator of quality, has been raised in Northern Ireland.

The Bengoa Expert Panel Report, *Systems Not Structures* (2016), recognizes the unique skills of people who use services along with the importance for increased emphasis on listening to the experience, taking co-production to 'a new level'. Similarly, the Minister's 10 year vision for Health and Wellbeing, *Delivering Together* (2016) outlines the importance of a "new culture of partnership, involvement and listening" within a quality health and social care system.

When patients and their families need to access eye care services we

want to ensure that we are providing safe and effective care which is focused on the needs of the individual. Improved patient experience of Hospital Eyecare Services is a key element in measuring the success of “Developing Eyecare Partnerships: Improving the Commissioning and Provision of Eyecare Services in Northern Ireland” (DoH, 2012). Through the information which we receive through 10,000 MORE Voices we can see and hear through the eyes and ears of patients, families and staff, listening to and learning from individual and collective experiences so that we can improve and influence future services.

Mary Hinds, Director of Nursing and Allied Health Professionals, Public Health Agency/ Jackie McCall and Raymond Curran, Developing Eyecare Partnerships Implementation Co-leads.

Executive Summary

10,000 MORE Voices aims to develop a more person centred approach to improve people’s experience of using health and social care by capturing both qualitative and quantitative information, through Sensemaker® methodology, with a strong emphasis on the narrative gathered on people’s lived experiences. In keeping with the principle of co-production which underpins the 10,000 MORE Voices model, workshops were facilitated for key stakeholders to design the survey tools and also to assist with the analysis and interpretation of the information. The project team also worked collaboratively with RNIB to ensure that the survey and supporting materials were available in a range of formats to accommodate the needs to people with visual impairment.

This report presents the analysis of findings from the story collection in

Hospital Eyecare Services which has been undertaken as part of the ongoing work in the 10,000 MORE Voices initiative. The period covered in this report is from December 2016 to May 2017, during which time 531 stories were received from people with experience in Hospital Eyecare Services since July 2014, as well as 30 stories from staff.

The detail in the individual stories, whether positive or negative, provides the basis for identifying areas for change and improvement. Overall 89% of people rated their experience as positive or strongly positive and it is clear that services are valued and appreciated by those who use them.

It was particularly noted that the key messages which appear to contribute to a positive experience were as follows:

- Being treated with courtesy and respect and in a professional manner.
- Having access to local services.
- Receiving information about what will happen in their care journey and knowing what to expect at clinic appointments.
- Receiving treatment which is effective with good outcomes and successful treatments for the patient.
- Having consistency in care and being seen and treated by staff with whom patients and their families have developed a relationship.

The learning points highlighted through the stories provided useful insights into care experiences and enabled identification of key messages and areas for improvement.

Key message 1: Overall care of people who have visual impairments or registered blind:

The information we have received highlights a number of key areas which

are challenging for people who have visual impairments/registered blind, including the following;

- Receiving information in an inappropriate format, for example, standard font letter
- Challenges using self – check in kiosks
- Staff unaware of how to deal with patients who have visual impairments/registered blind
- Difficulty reading signs
- Difficulty in reading staff name badges
- Environmental hazards, for example notes trolleys and floor cleaning signs

Local actions: Areas for action have been shared with service leads and as a result of the information in the patients' stories the following actions have been initiated:

- Reception area has been reopened in WHSCT as a result of information from patients indicating that they had difficulty with the self-service check in.
- The importance of staff introductions and first impressions, including staff attitude, has been reinforced with staff and the Hello my Name is campaign is being rolled out.
- Name badges with large print have been ordered in SHSCT and will be piloted in eyecare clinics.

Regional actions/recommendations:

- Communication to the patient should be in a format appropriate to their need

- Sign on charts to alert staff patient has visual/hearing impairment
Visual impairment awareness training for all staff, including accessing resources from RNIB
- Reception areas for eye clinics should be manned rather than relying solely on self-check in kiosks
- Assessment should be undertaken for environmental hazards
- Leaflet with key information/map/directions/instructions from the patients postcode should usually be provided with first appointments and available on request should the patient require it for future appointments
- All Trusts should review their signage, being mindful of the needs of people with visual impairment

Key message 2: Receiving the right information and support at the right time in the right format

From the stories it is clear that people feel that they do not always receive the right information at the right time. This is evident in relation to the information people receive about their condition and what might happen in the future as well as the provision of emotional support.

Local action: Plan to review all information booklets

Actions/recommendations:

- Appointment information should be in appropriate formats and needs to contain sufficient detail about which clinic they are to attend, date, time and venue and what to expect at the clinic
- Notice of appointments, where possible, should allow adequate time for transport and time off work to be arranged
- Use of appointment reminders in appropriate formats should be promoted

- Patients should be given clear information about their condition and where they can obtain further information and support, for example through the Eye Care Liaison Officer (ECLO) service
- Checking that information is clearly understood

Key message 3: Access to services and waiting times

A number of stories describe long waiting times to access services and the lack of information while people are in the process of waiting, which can lead to increased anxiety for the patient and their family.

Regional recommendation:

- Liaison with clinic and optometrist – possible letter to confirm receipt of referral and approx. time scale. First referral to hospital eye care services – advice where to go if sight deteriorating whilst waiting for appointment GP/Optomtrist direct link to specialist registrar for urgent referral. Greater awareness (GP) of direct link.
- The adoption, by both optometrists and GPs, of eReferral via the Clinical Communications Gateway (CCG) allows the referrer to visualize that the referral has been received. CCG also allows eTriage (directing the patient to the most suitable clinic/specialist) and referral-for-advice functionality. Referral for advice will allow patients who do not need to be seen by the hospital to be managed more appropriately in primary care, reducing anxiety and travel time, and freeing hospital clinic appointments.
- Access to Northern Ireland Electronic Care Record (NIECR) will allow optometrists, like GP's (and ultimately service users), to be more involved in planning and decision-making about care, including time to treatment.
- A planned suite of indicators around outcomes-based accountability

should require providers to report on breaches to clinically-indicated review appointments. This would allow failsafe targeting of those at risk of breach.

- Need to continue to address waiting times
- Addressing waiting times is a key commitment of “Health and Wellbeing 2026 - Delivering Together” and the resultant Elective Care Plan. HSC Board and PHA are planning system-wide changes to reduce demand/capacity gaps, build capacity in primary care, and improve the interface between primary and secondary care. This interface should allow for fast-track referral should a managed condition deteriorate.

Key message 4: Environmental issues in clinics

Stories describe how people feel that departments are cramped and can consequently be uncomfortable with a lack of privacy while people are waiting to be seen. As the information indicates that 37% people who submitted their story stated they had a disability, a number of people highlighted mobility problems in their stories.

Local action:

- Clinic 6 work expansion due to commence shortly (WHSCT)
- Adequate and appropriate seating should be provided in clinic areas
- Being mindful of the care needs of patients with special needs/disabilities
- Consideration should be given to providing access to tea/coffee/water

Regional actions and recommendations

- Reminder to staff of their own personal and professional responsibility in relation to their Code of Conduct and the protection of patients' information
- Future restructuring/rebuilding needs to take account of the need to ensure the environment is conducive to ensuring privacy is protected
- Adequate and appropriate seating should be provided in clinic areas
- Trusts should consider opportunities for eye related health promotion information in clinics.

Conclusion

Based on the information received, it is encouraging to note that for many people their experience of hospital eyecare services has been a positive one. The analysis of the information helps us to identify what really matters to people and to highlight areas for reflection and improvement. The overall themes and messages will be integrated into and will help to inform future planning of hospital eyecare services to ensure that they are patient centered.

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Section 1: Introduction and strategic context

1.1 Introduction

The 10,000 Voices initiative was commissioned and funded by the Health and Social Care Board (HSCB) and Public Health Agency (PHA) to introduce a more patient focused approach to improving the way health and social care services are shaped and delivered. This initiative asks people to tell us what was important to them in their experience and to describe their overall feelings by “telling their story”, using Sensemaker®.methodology. Having collected more than 10,000 stories, this initiative was relaunched as “10,000 MORE Voices” in June 2016 with the aim to continue to use this methodology as a regional indicator of the quality of patient/client experience.

One of the key principles and successes underlying the 10,000 MORE Voices initiative is the partnership approach between those who use health and social care services and those who deliver them in seeking ways to improve the overall patient and client experience. All projects to be included in the 10,000 MORE Voices work plan are agreed by the regional Patient Client Experience Steering Group.

This report presents the regional results from information received from patients/family members/ carers and staff who participated in the 10,000 Voices Hospital Eyecare Services project from August 2016 – May 2017.

1.2 Strategic context

Patient and client experience is central to many key strategic drivers for health and social care improvement and innovation. The patient and client

focus element of Quality 2020 Strategy (DoH, 2012), highlights that all patients and clients are to be treated with dignity and respect and should be fully involved in decisions affecting their treatment and support.

Furthermore through 10,000 Voices evidence is provided of the standard and quality of care from the patients' perspective.

The strategy "Developing Eyecare Partnerships: Improving the Commissioning and Provision of Eyecare Services in Northern Ireland" was launched by DHSSPS in October 2012. It set out the strategic direction for eyecare services in Northern Ireland over a 5 year period. The strategy is consistent with Transforming Your Care principles for services to be delivered as locally as possible with reduced requirements on acute or hospital services.

Principles of Service Change for Eyecare Services were contained within the strategy. Services must be outcome focused including a reduction in health inequalities and success should be measured by improvement in health outcomes and the patient experience.

2.0 Methodology

2.1 The survey

The Hospital Eyecare Services survey, which uses Sensemaker® methodology, was designed with public engagement through two workshops at which patients who use these services, families, carers and HSC staff participated and co-designed the survey tool. A pilot was conducted from August 2016 - September 2016, during which time 42 stories were received. Following the analysis of the pilot it was agreed that the main period of story collection would commence in December 2016.

Those completing the survey are asked to tell us about their experience of accessing and receiving care in our Hospital Eyecare Services, since July 2014. They can choose to share all or part of their experience, the survey can be completed by the patient or someone acting on their behalf. They are then asked to respond to a series of questions, known as signifiers, which are in a triangle format. In each of these questions, the respondent reviews 3 statements and places their “dot” nearest to the statement that reflects their experience. In some cases their choice may be between choices, indicating that their response is a combination of two factors. If all three factors apply equally to their story, they would place their “dot” in the centre of the triangle.

Respondents are asked not to give their name or the name of any staff who provided their care, they are advised not to worry about spelling or grammar and to write as much or as little as they wish.

2.2 Accessibility

The eyecare survey was promoted throughout the Trust areas in a variety of locations, including outpatient areas, eye clinics, day surgery and eye casualty. The project team worked collaboratively with RNIB to ensure that there was a variety of formats available, including large print and Braille. Paper copies of the survey were available for completion in trust locations including eye clinics. An online version was available as well as the option of telephone completion and an alternative short form survey. In addition to the usual promotion of the survey through trusts and the media, the survey was also promoted through RNIB and talking newspapers.

3.0 Findings

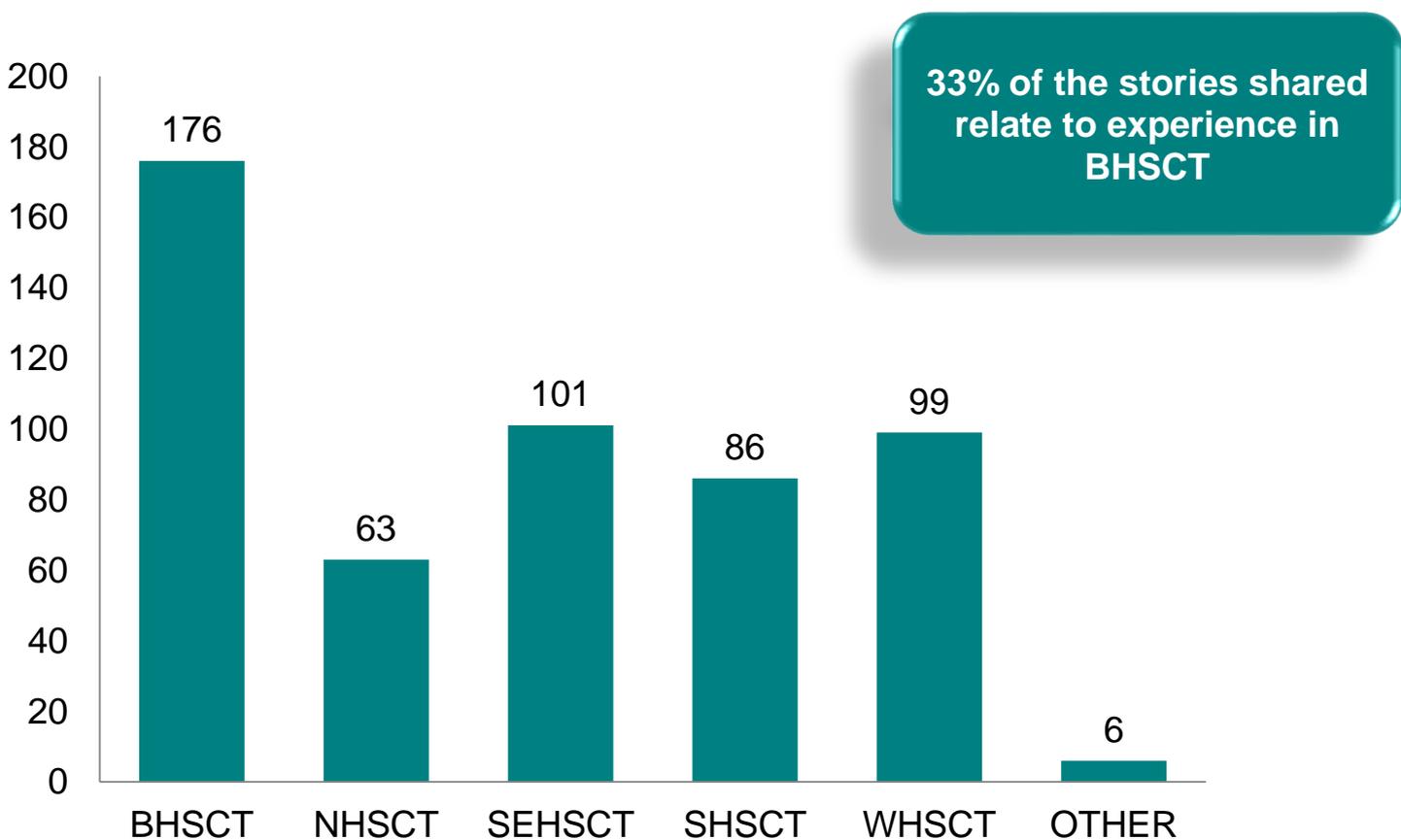
This section presents the results of the information received from December 2016 – May 2017. The total number of responses were as follows:

Pilot Phase	42
Main period of story collection	531
Staff stories	30
Total	603

3.1: Findings from main period of story collection

In total 531 stories were received from December 2016 – May 2017 during the main period of story collection.

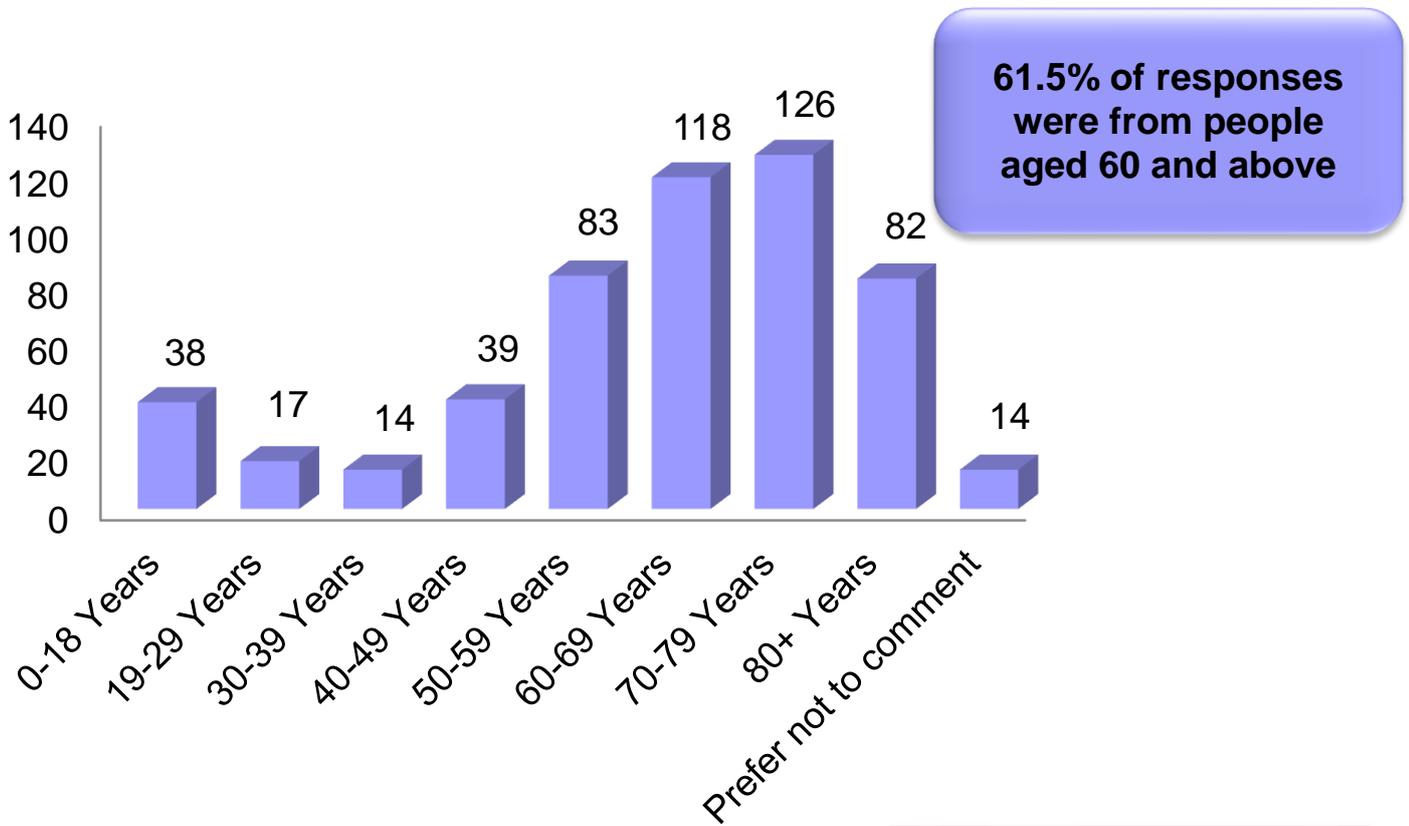
Returns per Trust area are shown below:



3.2 Demographic information:

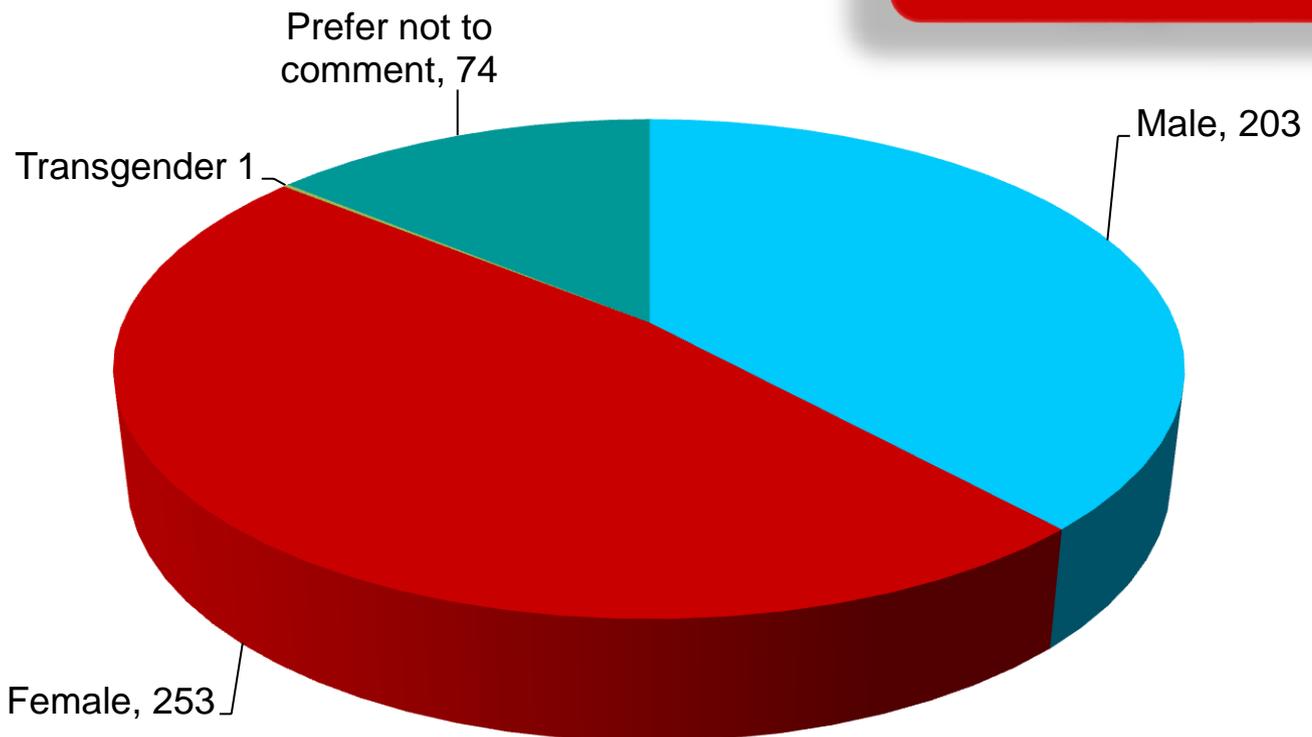
Returns by age group:

This section presents the demographic information in relation to the 531 respondents

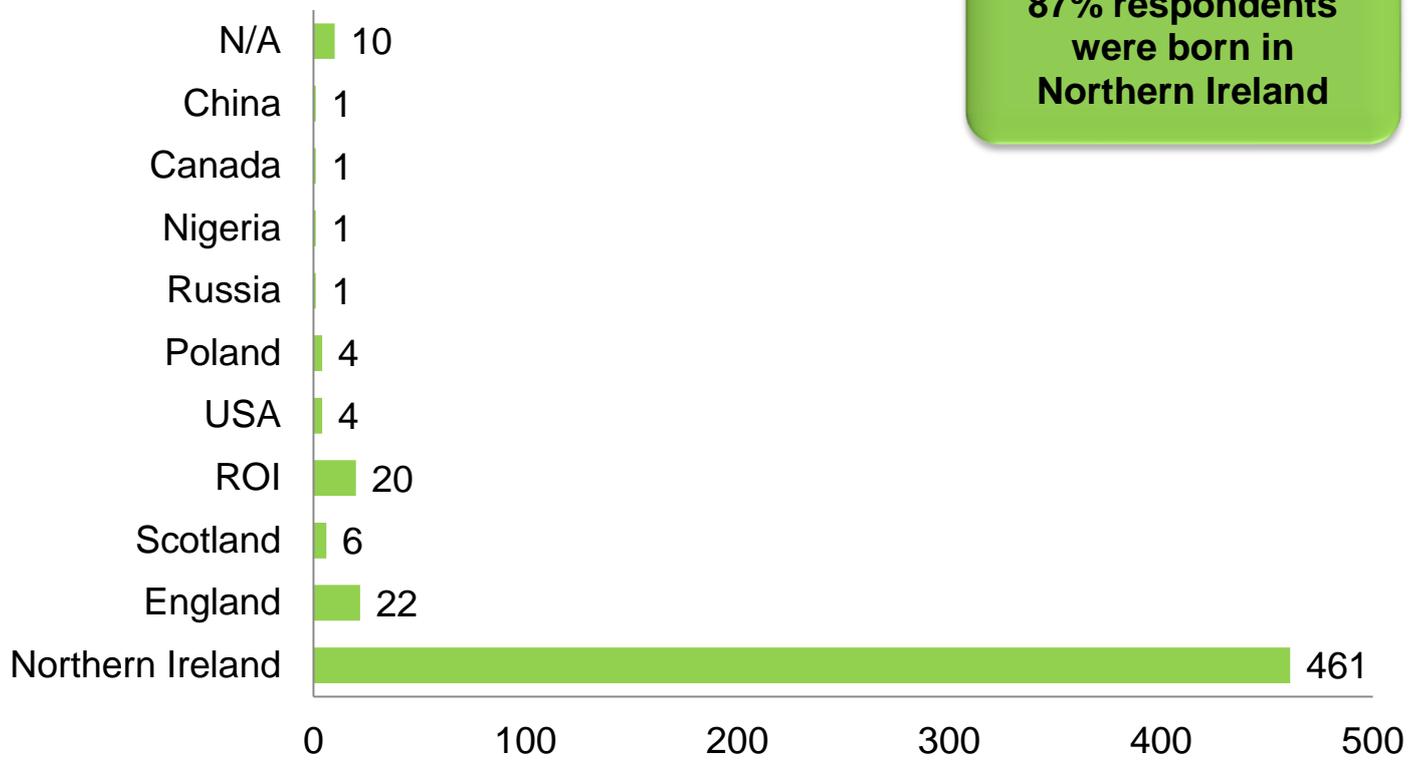


Returns by Gender

There were slightly more females (48%) than males (38%)



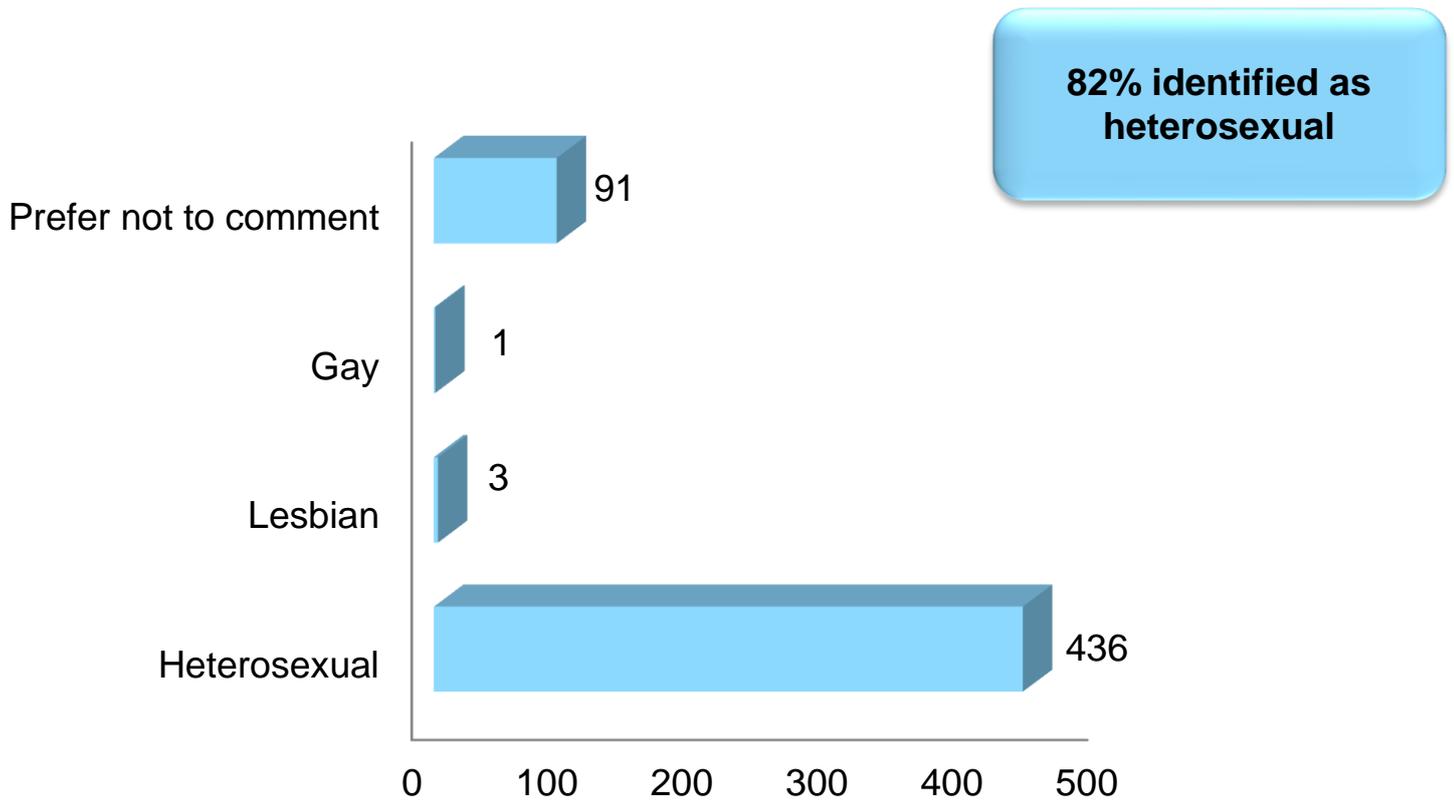
Returns by Country of Birth



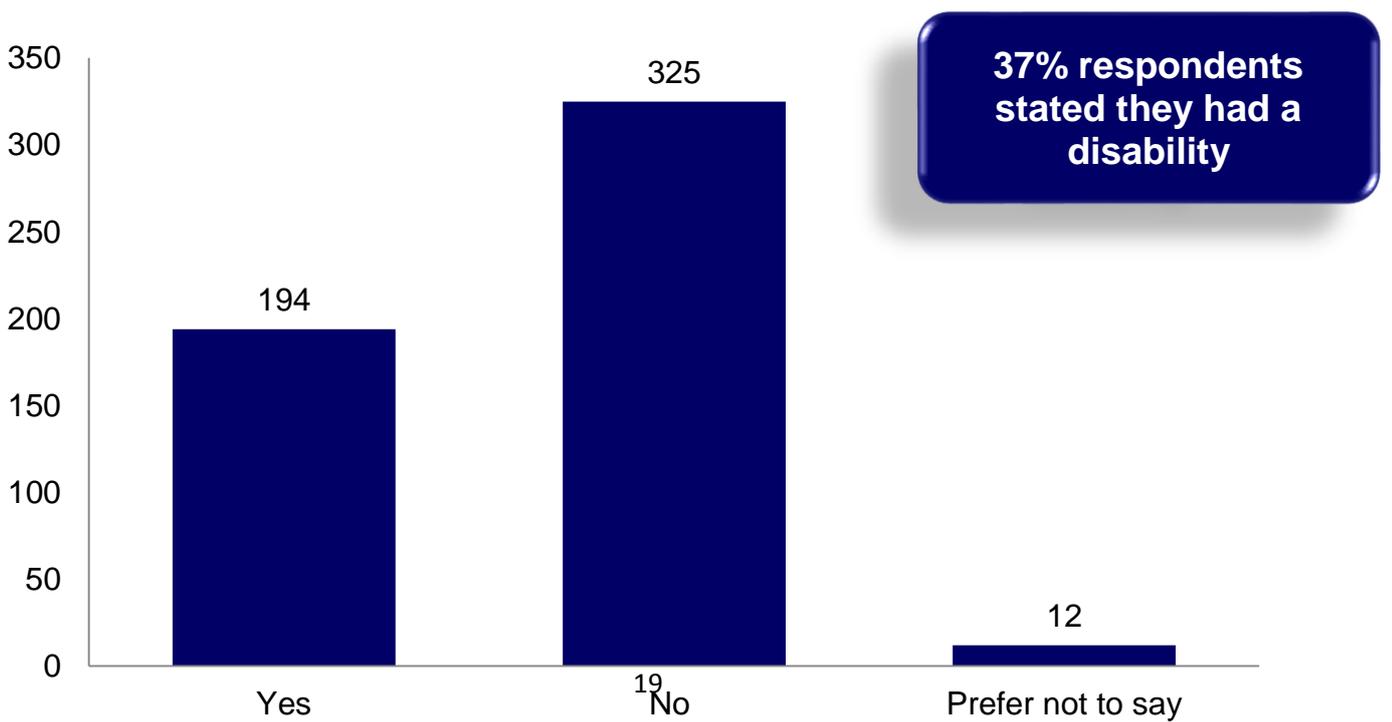
Returns by Ethnic Group



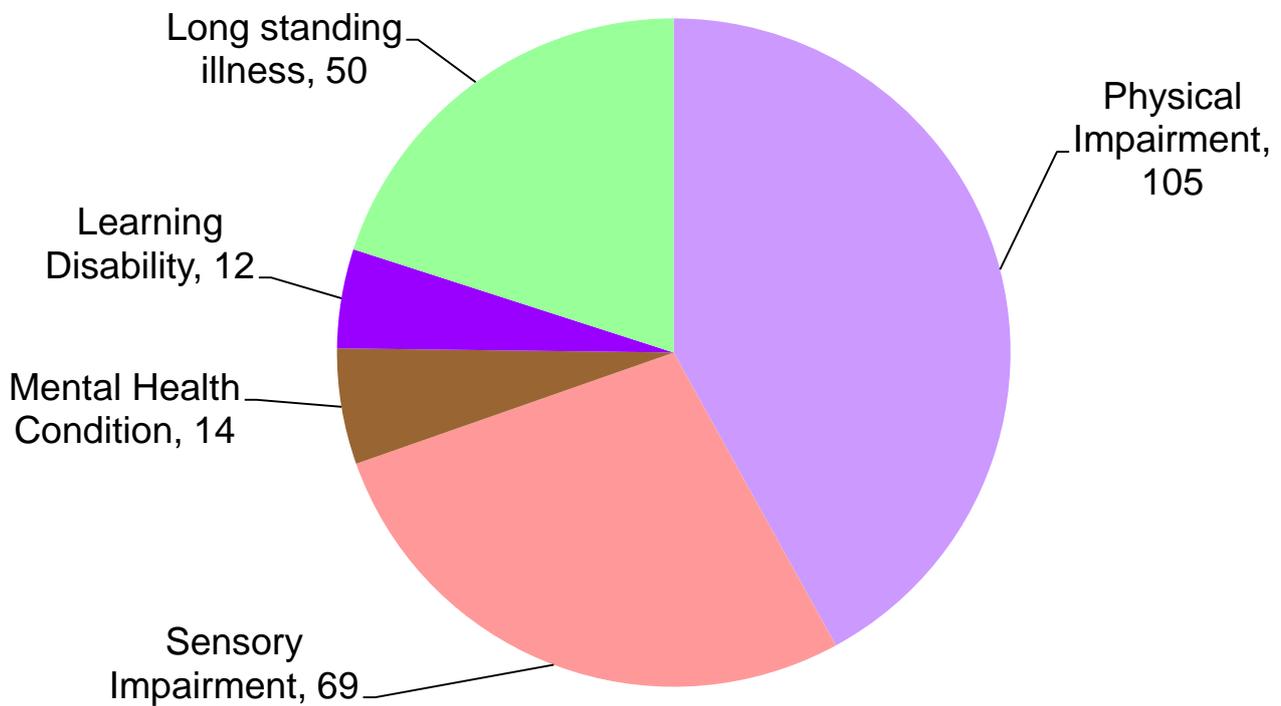
Returns by Sexual Orientation



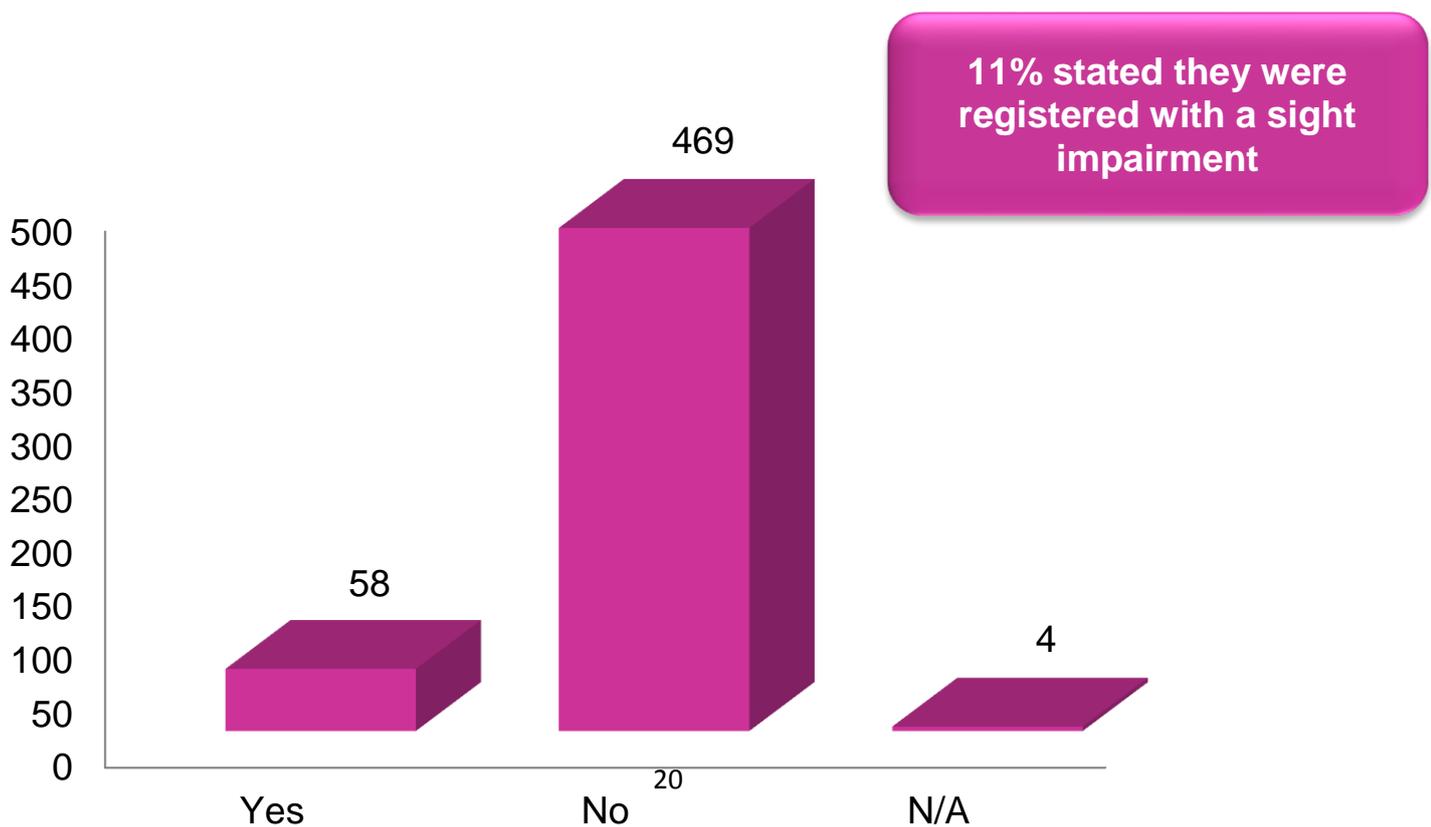
Returns by Disability



Returns by Nature of Disability

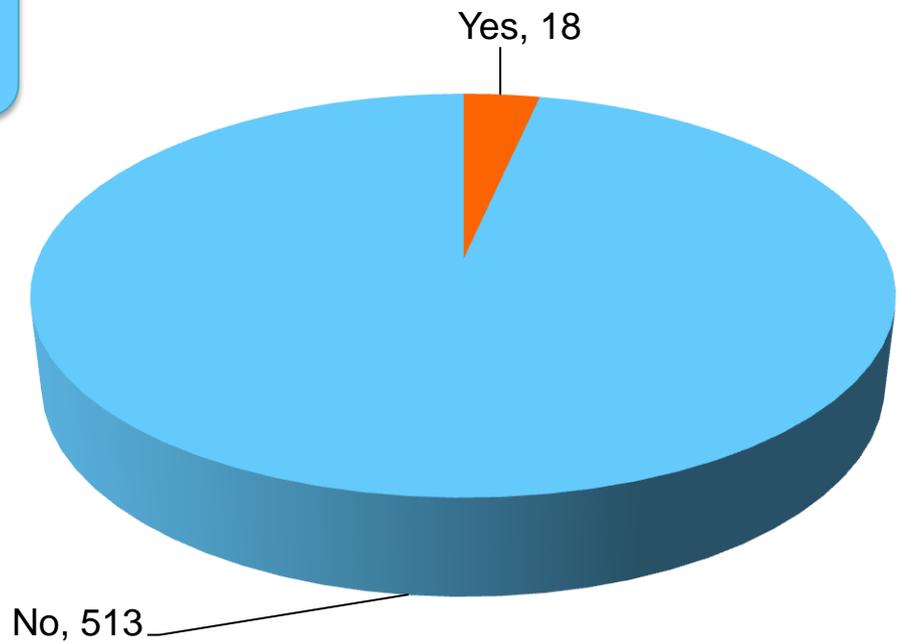


Returns by: Are you registered with a sight impairment?

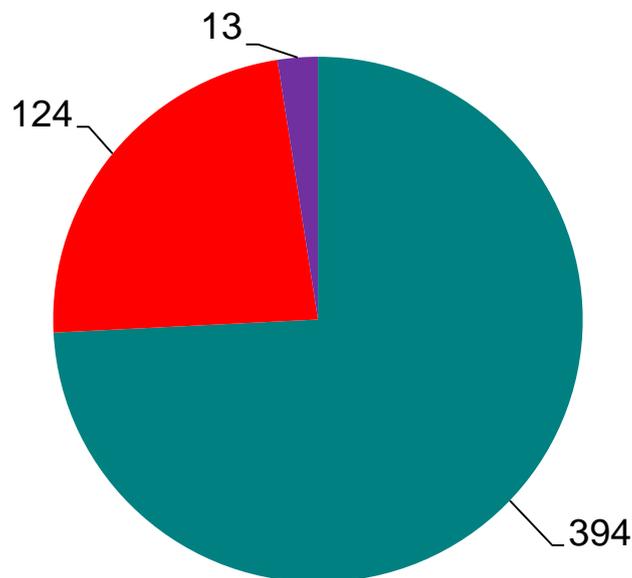


Returns by: Do you have a rare disease?

3% of respondents said they had a rare disease



Returns by who participated in the survey



- I am a patient who has used eye care services
- I am completing the survey on behalf of a person who has used eye care services
- Other

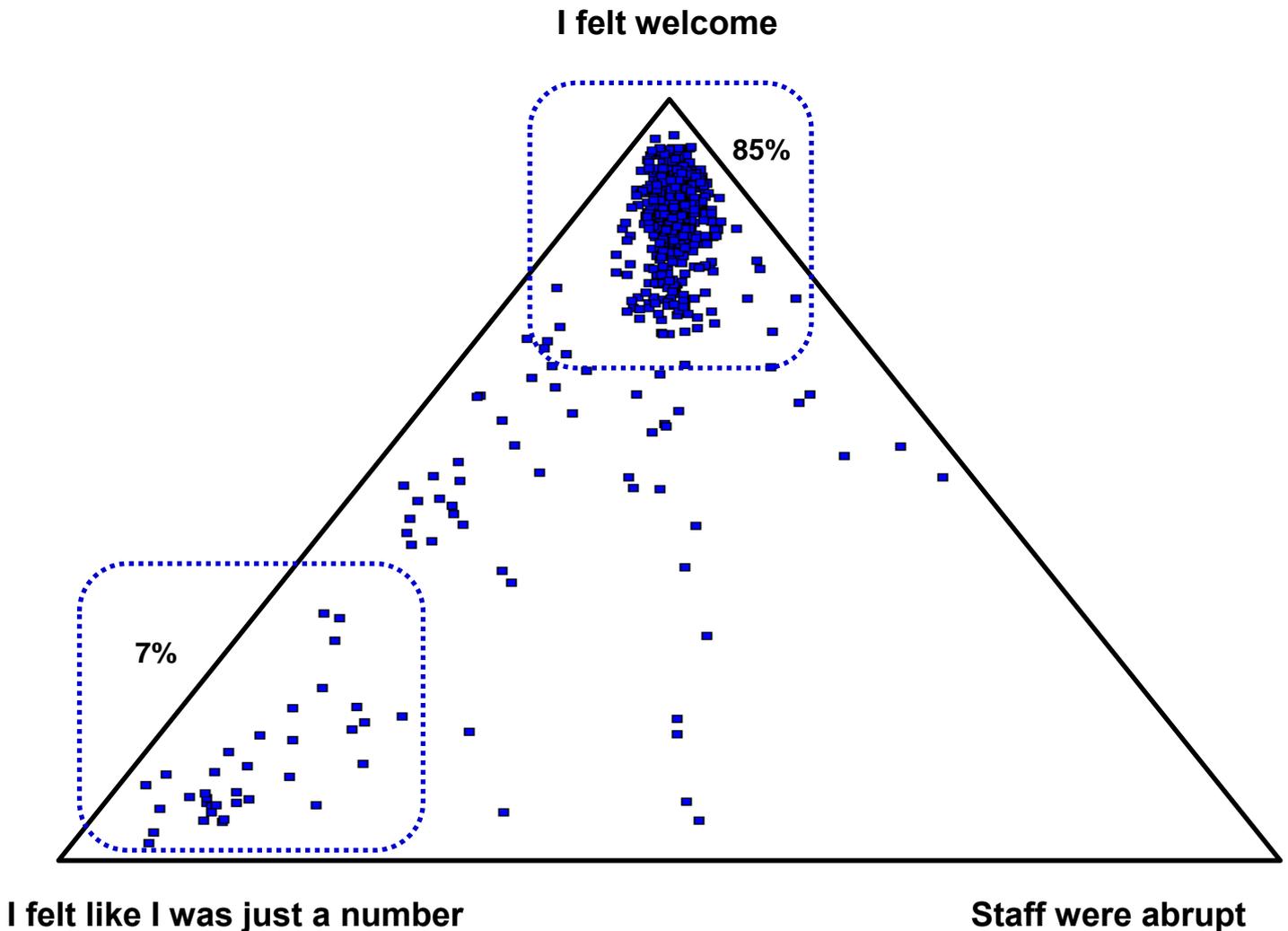
3.3 Responses to signifiers

The following section presents the response to the signifier questions. Each of the triangles displayed contains a series of dots that correspond to the responses from the respondents.

When viewing the populated triangles, the aggregate responses can be seen as a pattern of dots, where the greater the concentration, the more people signified that point as being the correct mix of elements relating to their story. In this way issues that are commonly experienced by a majority of people can be quickly identified. When using the SenseMaker software, by selecting any dot the original story can be instantly viewed to gain a deeper understanding of the content behind the response.

The information from the signifiers was analysed and interpreted at workshops, attended by a range of staff and service users, who worked in partnership to identify key themes and areas for improvement, as well as the analysis which took place in the Trusts. To enhance the analysis of the information from the populated signifiers in this report, extracts from the patient and staff stories are provided, these help to illustrate the themes and messages.

Q1. When you arrived at the department what was your first impression?



Discussion/Interpretation

- 523 stories were tagged to this triad, giving it a **98.3%** response rate.
- The majority of stories (**85%**) are indexed toward the top, indicating that respondents mostly felt welcomed when they arrived at the department. These stories highlight how people feel they were treated promptly, and that staff were courteous, respectful and professional towards them.
- There is a small percentage of respondents (**7%**) toward the bottom left who reported feeling like they were just a number. Some of these stories related to issues of waiting times, self-check-in procedure at the front

desk, especially for those who had difficulty seeing, information regarding condition and treatment as well as methods of communication. There also appear to be some issues in relation to staff knowledge of how to communicate with/and guide people who have a visual impairment or are registered blind.

Extracts from stories:

I am 93 and half years old and I live in a nursing home. I felt nervous going for the appointment and unsure if I should go at all. Thankfully all went well and I felt very reassured by Doctor (name removed). In fact, he reassured me to the point that I have agreed to have my second cataract removed. I am a wheelchair user.

From my first visit and every subsequent visit I have felt a welcome and caring atmosphere in the unit.

My optician referred me to my doctor and was then referred to Macular clinic which I have been attending for 3-4 years now. At first, information was very sketchy and I wasn't told much about macular degeneration or the likely outcome of treatment. The nurses and operatives who administered the injections were all excellent.

Staff welcomed me warmly and the consultant who examined me was very professional and explained what he was doing throughout the procedure. Here I was treated with respect, the environment was warm and welcoming. The staff helped me to manage my anxiety and about having to attend the clinic.

When I arrive at the hospital, 80% of the time, there is no-one at the checking machine to help me check myself in. I then have to navigate my way around to the reception desk and again 80% of the time it is not manned.

They now had self-sign in desks. Screens I couldn't see or use and no one around to help. I felt small, lost and nervous, I didn't know who to ask or where to go.

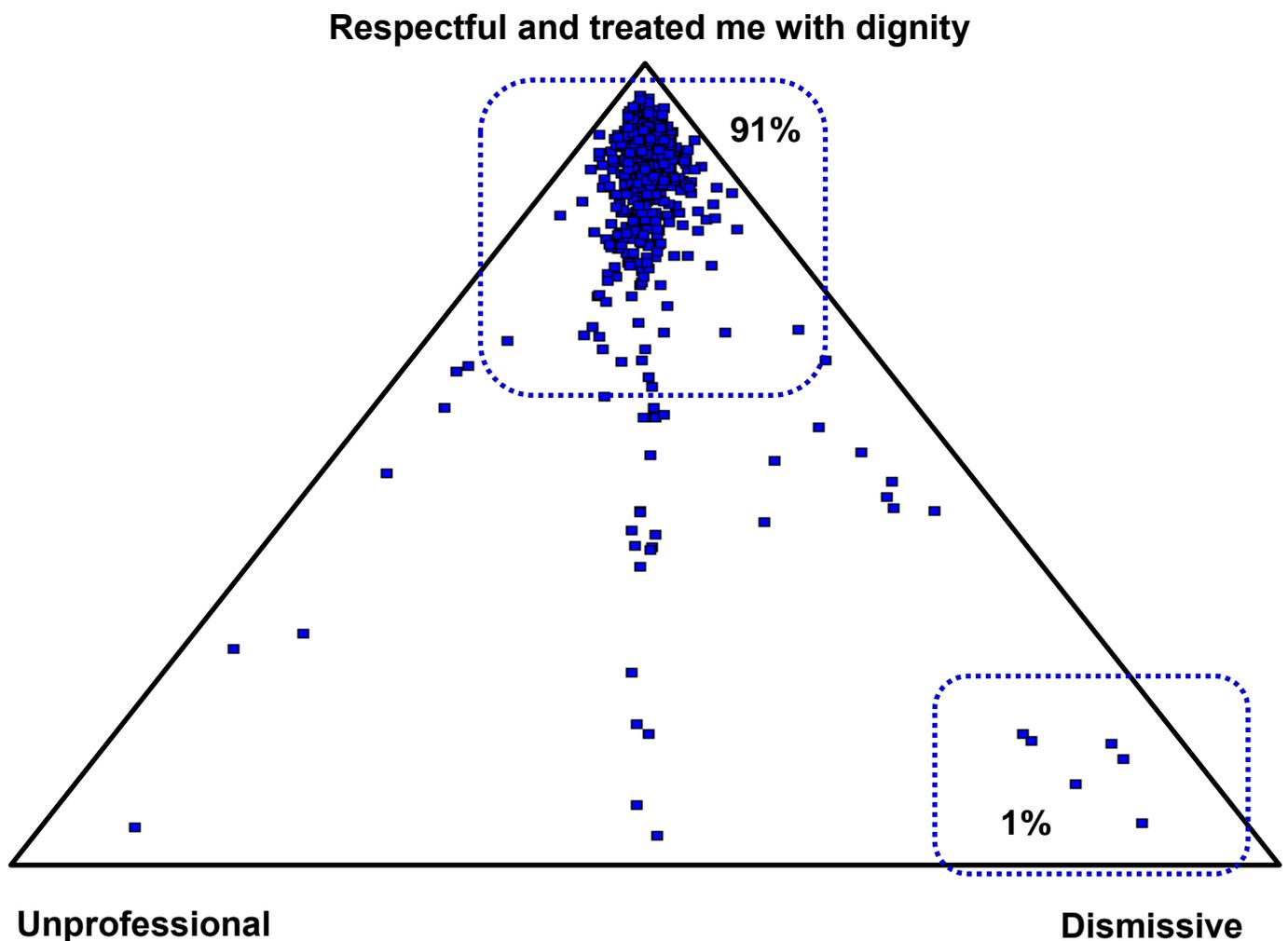
I find that none of the nurses have any visual awareness training.

Arrived about 10.30am and although the waiting room was packed I was seen promptly and very happy with the attention I received. Very understanding junior doctor and senior consultant. Probably the most courteous health care staff I have encountered.

Areas for learning and action

- Review of self-check in process for patients who need assistance
- Review of how patients receive information about their condition
- Consider need for visual awareness training for staff

Q2. Overall did you feel the staff were..?



Discussion/Interpretation

- 519 stories were tagged to this triad, giving it a response rate of **97.6%**.

- The vast majority of the stories (**91%**) were indexed toward the top, indicating that respondents felt that staff treated them respectfully and with dignity. These stories highlight the kindness and compassion displayed by staff and appreciation for successful treatments.
- There were a few stories (1%) indexed toward the bottom, indicating that respondents felt staff were dismissive, the issues for patients in these stories relate to signage, or directions to clinics.
- For the outlying story indicating that the person found the staff to be unprofessional, the main issue was in relation to the lack of information received

Extracts from stories:

My optician detected the beginning of cataract growth. Within a few weeks I was called for day surgery at Day Procedure Unit at.... Treatment was excellent, professional, respectful and efficient. I was given clear advice and my condition was followed up the next morning by a phone call. Overall a very good service!

I was seen at clinic today and was treated with great respect by all I came in contact with.

Procedure was successful and I was advised that similar procedure should be considered for my left eye. As a result of experience with right eye I had no hesitating in accepting.

I first visited the eye clinic about 2 years ago. I have glaucoma in on eye.I am not familiar with this area of Belfast and directions to the clinic are important to me. At present your direction are not clear and it is very easy to drive past the car park entrance, before encountering the clinic. A proper large sign showing Eye Clinic Car Park would make a big difference.

Very good outcome in the end for him but for almost a year he got very little information on what was going to happen to him as a 24 year old it may have gone over his head so I went with him on day of appointment. Now I know people are very busy but when I sat with my son his name was called from no were, just a voice, he was lost on where to go.

My experiences of eye care have been totally positive. Over the years, well organised, polite staff have been very efficient.

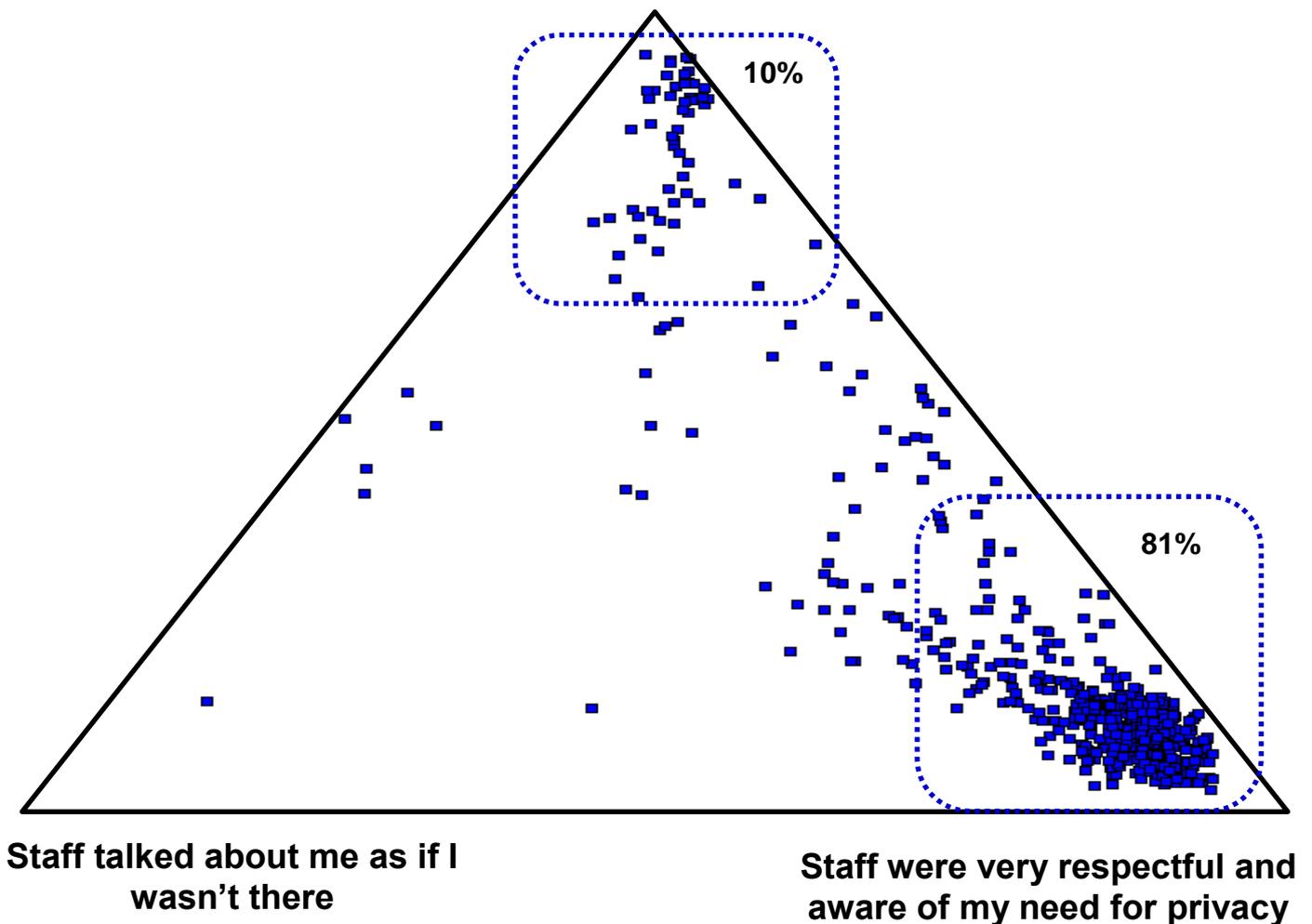
Staff need retrained on knowing how to approach a blind person. When sending out appointments letters to remind person to follow it up with a phone call.

Areas for learning and action

- Information relating to condition
- Consider need for visual awareness training for staff
- Directions/signage to clinics/departments

Q3. Did staff ensure your privacy and dignity were protected?

I felt that others could hear my personal information



Discussion/interpretation

- 518 stories were tagged to this triad, giving it a 97.4% response rate.
- There is a large cluster of stories indexed toward the bottom right (81%) indicating that staff were very respectful of the respondents' need for privacy.
- There are some stories indexed toward the top indicating that respondents felt that others could hear their personal information, this can be due to the cramped environment within the clinic space.
- For the one outlying story indexed to the response: staff talked about me as if I wasn't there, the main issue was the process of self-check in.

Extracts from stories:

Originally you had to travel to Belfast but not now, can come to Southern Trust which is so handy as Belfast was so hard to get to and I need someone to take me there. In Southern Trust the service has been excellent, over the 3-4 years. There was a bit of a delay waiting for this appointment, over 1 year was meant to be seen in 6 months. My optician told me to ring up and check with the staff, they are excellent. The nurse is lovely and really helpful.

On every visit, all staff are pleasant and caring. As my father is 91 years old they will ask if he needs a wheelchair or any assistance. Apologies are given if we have to wait long and nurses/doctor shall chat to my father and show him respect.

I have been attending here 2 years. I am an insulin dependent diabetic and the staff here have always been respectful and treat me with dignity.

One day I went for an appointment and there were no staff at the front desk. They now had self-sign in desks. Screens I couldn't see or use and no one around to help. I felt small, lost and nervous; I didn't know who to ask or where to go.

Noticed it was quite cramped especially for elderly and less mobile.

The staff did everything to make me feel comfortable.

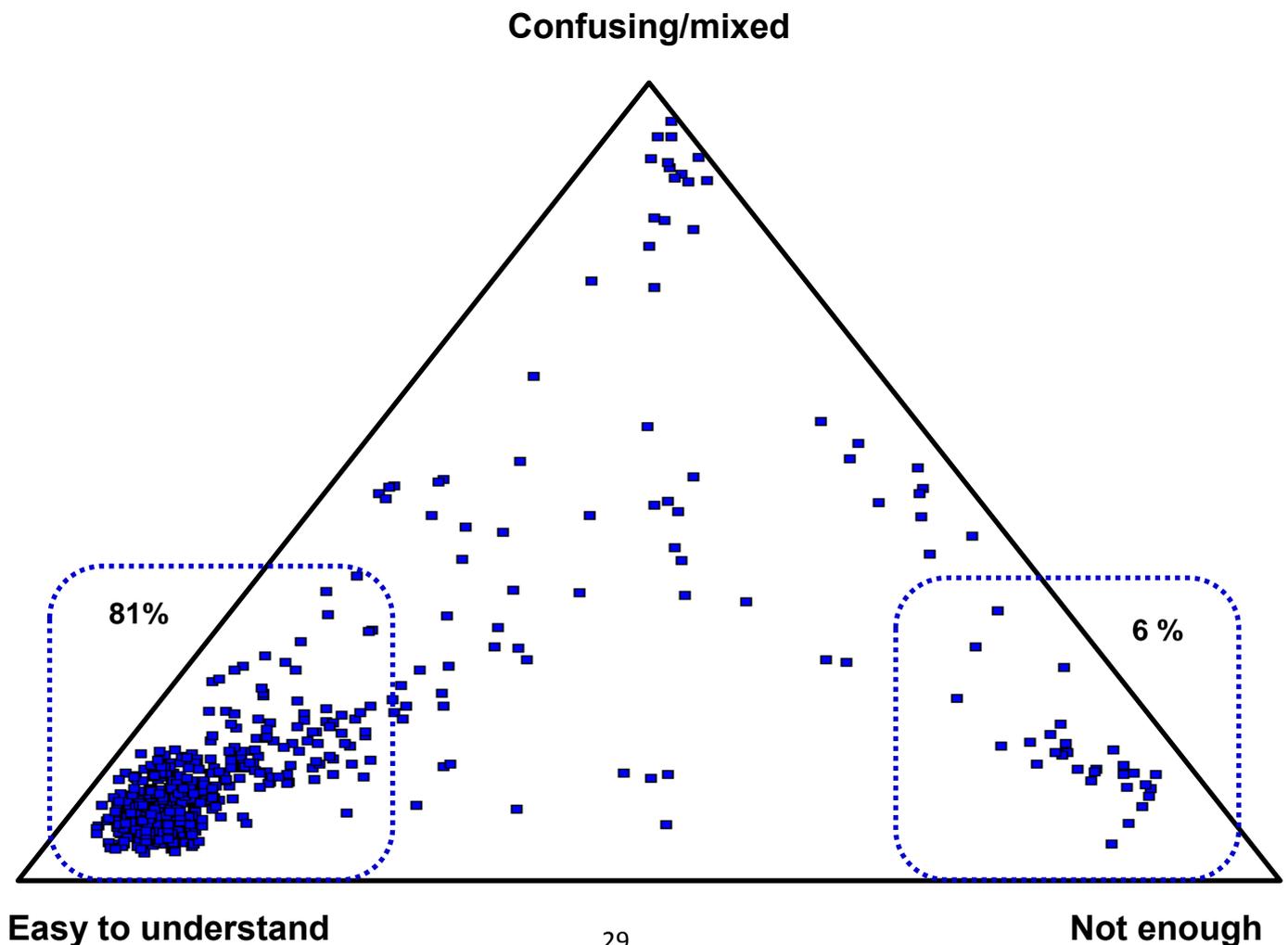
If asking for assistance everyone in the vicinity can hear personal details. Privacy, not in my case.

On a routine eye test the optician diagnosed cataract in both eye. The team under Doctor (name removed) were first class. The appointment was on time.where the staff did everything to make me feel comfortable. I was then brought for tea and biscuits and the procedure and aftercare was explained and backed up with booklets.

Areas for action

- Review, if possible clinic spaces and environments
- Ensuring that as far as possible the privacy of patients is maintained, especially when providing personal and sensitive information

Q4. Did you find the information about your treatment was..?



Discussion/interpretation

- 517 stories were tagged to this triad, giving it a 97.2% response rate.
- There is a large cluster of stories indexed toward the bottom left (81%), indicating that the majority of respondents found the information about their treatment easy to understand.
- There is a small cluster of stories indexed toward the bottom right indicating that there was not enough information about their treatment, these stories relate to the range of eye conditions included in question 16.
- There is an even smaller cluster toward the top indicating that information about their treatment was confusing/mixed.

Extracts from stories:

Coming to see the Orthoptist Doctor (name removed) for about 3 years now, she is amazing, totally understands, talks to my daughter and explains all the benefits of wearing the patch. Good reviews, good service, good and consistent.

This has been a very good experience, explained everything are very understanding

My optician referred me to my doctor and was then referred to Macular clinic which I have been attending for 3-4 years now. At first, information was very sketchy and I wasn't told much about macular degeneration or the likely outcome of treatment. The nurses and operatives who administered the injections were all excellent. The big draw back for me is having to depend on friends and acquaintances to drive me down, wait and drive me home again. I know there is no way I can drive myself home. This is a major problem.

At the clinic, I was told as the pressure was not down to the level, they wanted my medication was being increased and the best way forward was firstly laser treatment. This has been done and I am waiting to see if my eyes have responded. At each point admin staff, nursing staff, technicians, doctors, consultants and liaison staff and volunteers did their utmost to help within the field of their expertise, especially when they realised how anxious I was.

I felt I had no faith in the health service and if I had an alternative I would have used it. No explanation, no satisfaction, no use!!

I would however like more explanation re treatment, laser and how this helps. Maybe someone to talk through this and explain photos but I realise this is time consuming. Main issues are waiting area too small, dangerous for those with poor sight, hot and stuffy.

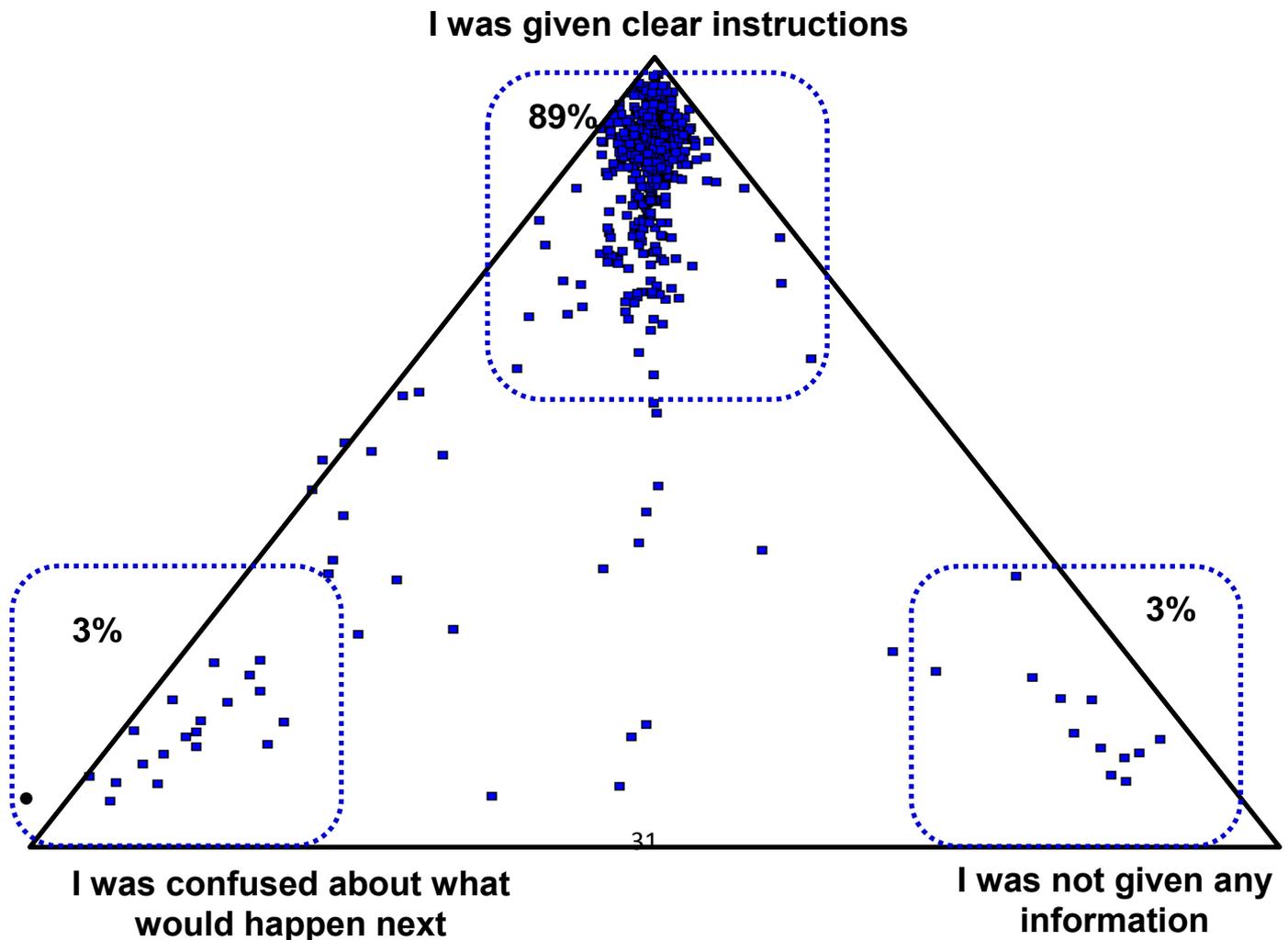
On my last visit I found my consultant rushed my appointment, as I was the last patient of the day.

Orthoptist has kept us updated on condition and where to get good information. It's been good. Sometimes when you go home you forget what you have been told but they explain everything well.

Areas for action

- Accessibility of clinics (local)
- Ensuring patient is given adequate information about care and that it is a format that they can understand

Q5. When you left the clinic/department were you clear about what would happen next?



- The majority of stories are indexed towards the top, suggesting that most respondents were given clear instructions about what would happen after they left the clinic/department.
- There are small clusters of stories toward the bottom left and bottom right indicating that some respondents were confused about what to expect next while others felt that they were not given any information.
- The stories highlight the need for emotional support and information on how the eye condition may progress.

Extracts from stories:

I was one of the last patients to be seen but the doctor took his time and carried out numerous tests explaining as he did so and reassuring me that he could not find any serious condition. His diagnosis was posterior vitreous detachment. He explained the condition and gave me written information about it. He advised when to seek urgent medical attention if I experienced other symptoms. Finally he arranged for me to have a scan of my eye the following morning which thankfully was normal.

I have attendedfor 3-4 weeks and also at the Mid-Ulster hospital. I believe I have always received good advice and standard of care. Support which took account of my learning disability and helped me deal with my anxiety and fears around my eye condition. It is important to be listened too when I am scared. For staff to be honest about my condition and what the future might hold

I was told at the clinic that this is relatively young to develop the condition. I have regular check-up's and I am informed of any changes that occur and what the plan is to treat these changes. I have an extremely positive experience every time I attend the clinic.

Information has been helpful and accurate. Consultants have been very factual and have always treated me respectfully. Superb!

Left hospital with clear instructions on how to use, even given directions to pharmacy to collect prescription and after-care if problems persist to return.

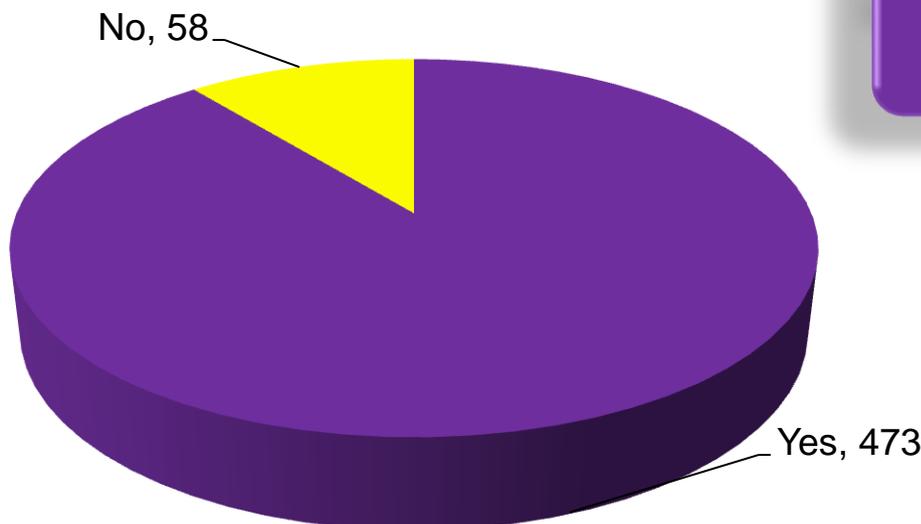
Besides from that, trying to get in contact with someone at the artificial eye clinic was nearly impossible, staff at the artificial eye clinic were not consistent with their information given, there was never any clear advice on how to care for the artificial eye and in general, staff didn't have time for patients. There was ZERO emotional support for patients going through artificial eye care, not even at the crucial stage of first having the first eye fitted. I cried for day.

Areas for action

- Ensuring that patients have information about their condition and where to seek help if need be
- Addressing the need for ongoing emotional support

4.0 Responses to multiple choice questions

Q6. In general do staff introduce themselves to you?



89% respondents stated that staff introduced themselves

Example of comments

Staff friendly but also very professional at all times.

No one said "my name is....."

Consultant shook hands with me.

I appreciated this as it makes me feel more a person than just a patient.

Friendly introduced themselves by first name.

Staff were very helpful and courteous.

I always ask staff their name as I can't read name badges.

Consultant did general staff didn't but were generally friendly.

All have name tags but I cannot read them.

All staff introduced themselves although given the trauma of the experience I didn't always remember their names etc.

Staff should know that people with sight loss can't see a name badge.

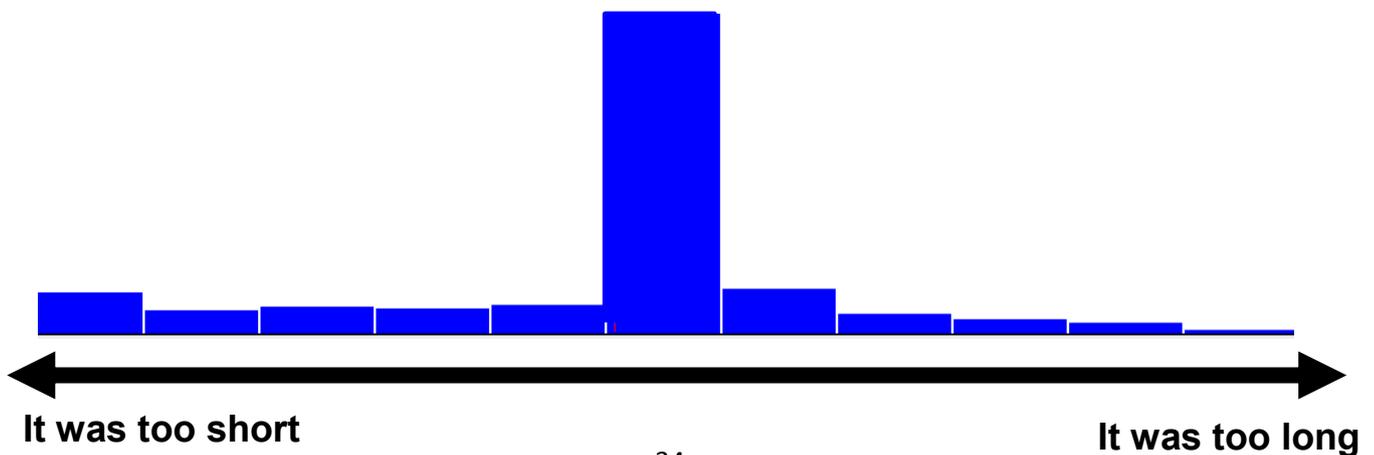
Staff professional and friendly especially the female doctor.

I think nurses know me the ophthalmologist introduced herself.

Area for action;

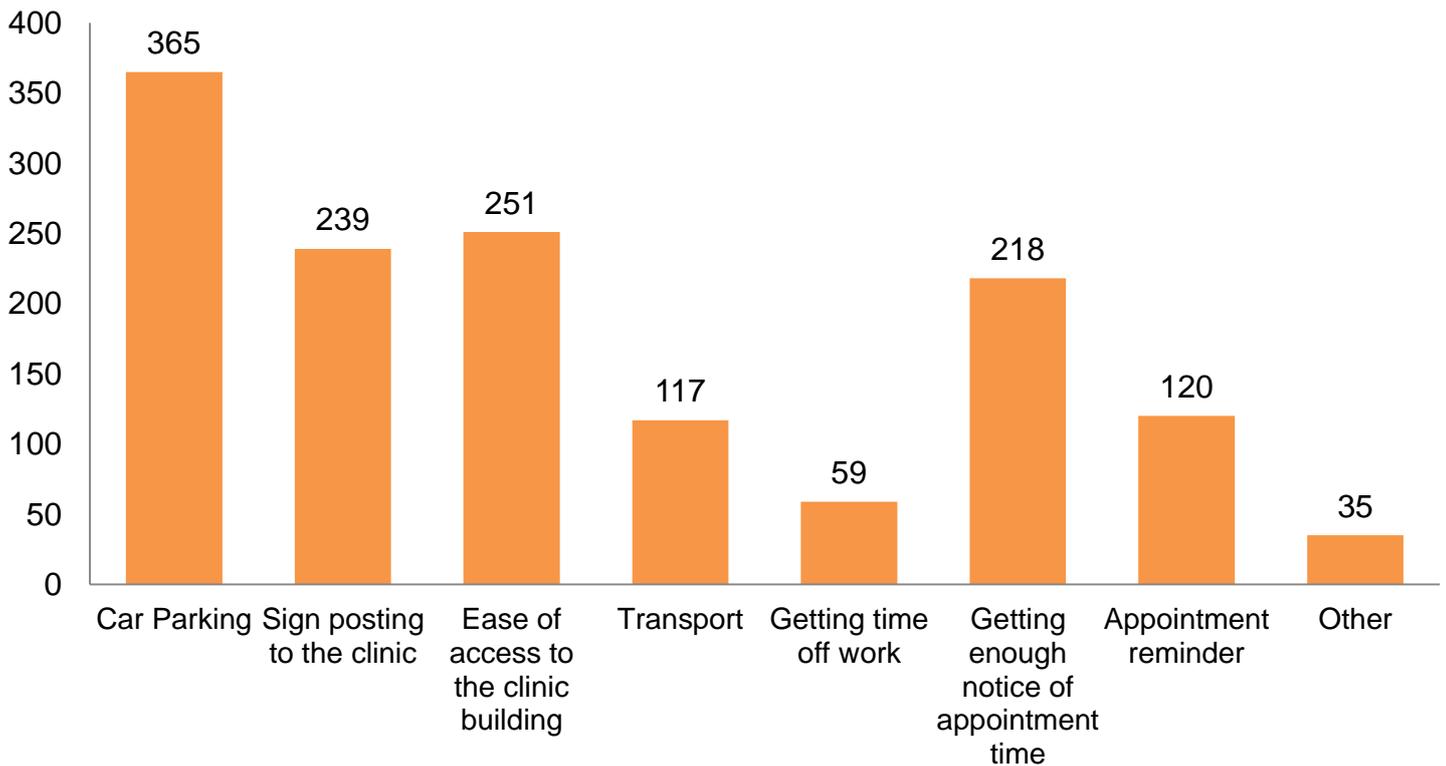
- Reminding staff of importance of first impressions and introductions

Q7. How did you feel about the appointment length?



428 stories were tagged to this question, giving it a response rate of 80.5%. Most response are in the middle indicating that the appointment length was just right.

Q8. What 3 factors were most important to you in getting to the clinic?



Example of comments:

Getting enough notice of appointment time is vital as my daughter needs to arrange her work leave.

Car parking - nightmare!

Not enough car parking.

Always get plenty of notice of appointment time.

Appointment reminder - it's really good getting a telephone call.

Getting enough notice of appointment time is vital as my daughter needs to arrange her work leave.

Would be good to have letter in bigger font.

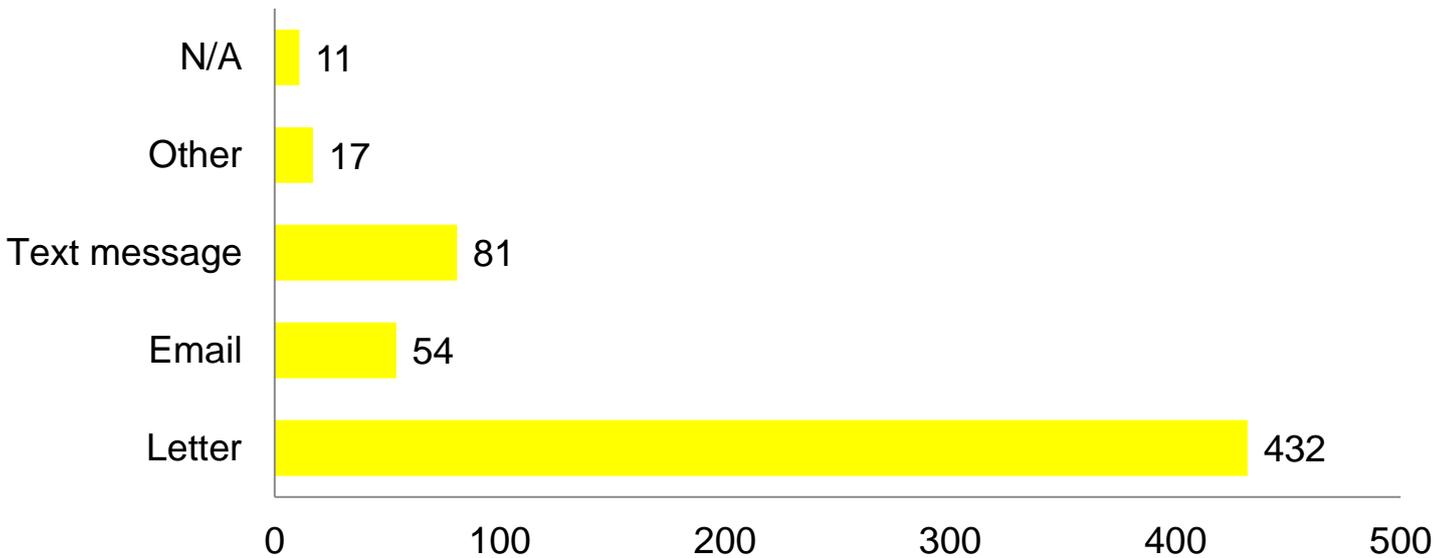
Too many stairs to clinic.

Time between arriving at clinic until being called sometimes too long.

Areas for action

- Car parking /signposting/ease of access to building
- Getting enough notice of appointment
- Letters in large print

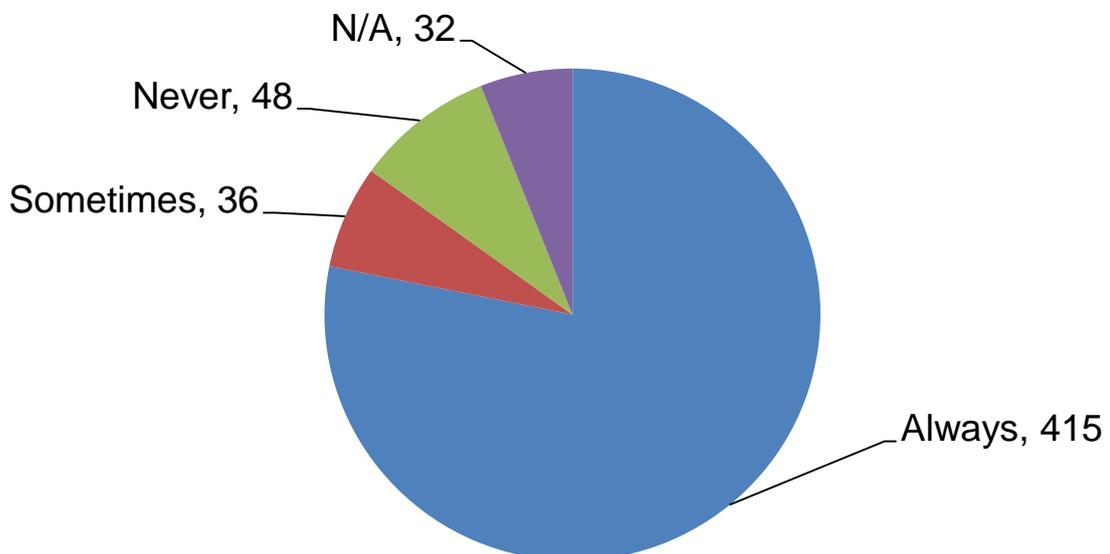
Q9a. What is your preferred format for correspondence?



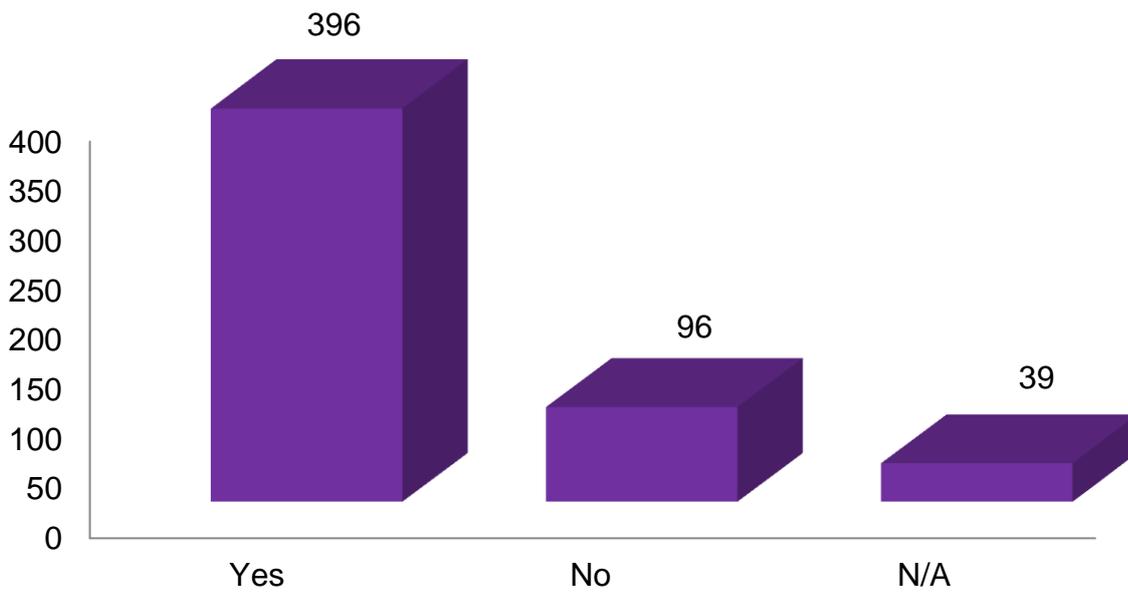
83% respondents prefer letter format for correspondence, however many indicate that they would prefer larger font

For those that prefer the other formats they do not always receive in their preferred format as shown below.

Q9b. Do you receive appointment correspondence in your preferred format?



Q10. After you had been referred to eye care services were you satisfied with the waiting time before you received your first appointment?



*Had to wait 15 months!
Waiting from September 2015.*

*Urgent referral
waited 9 months.*

*We were told 3 months
but it was 7.*

*I didn't have to wait long
and was told when I
should expect a letter.*

*Time referred to
appointment was 1 year
and 11 months.*

*When you can't see
your first appointment
can't come quick
enough.*

*Having been to eye casualty I
would have preferred to be seen
sooner.*

*Had to wait 6-8 weeks
which was a bit long to
wait. Time between
appointments now is good.*

*Sooner than I
thought.*

*I was not in pain just increasingly
inconvenienced by poor sight so the
longer wait was acceptable.*

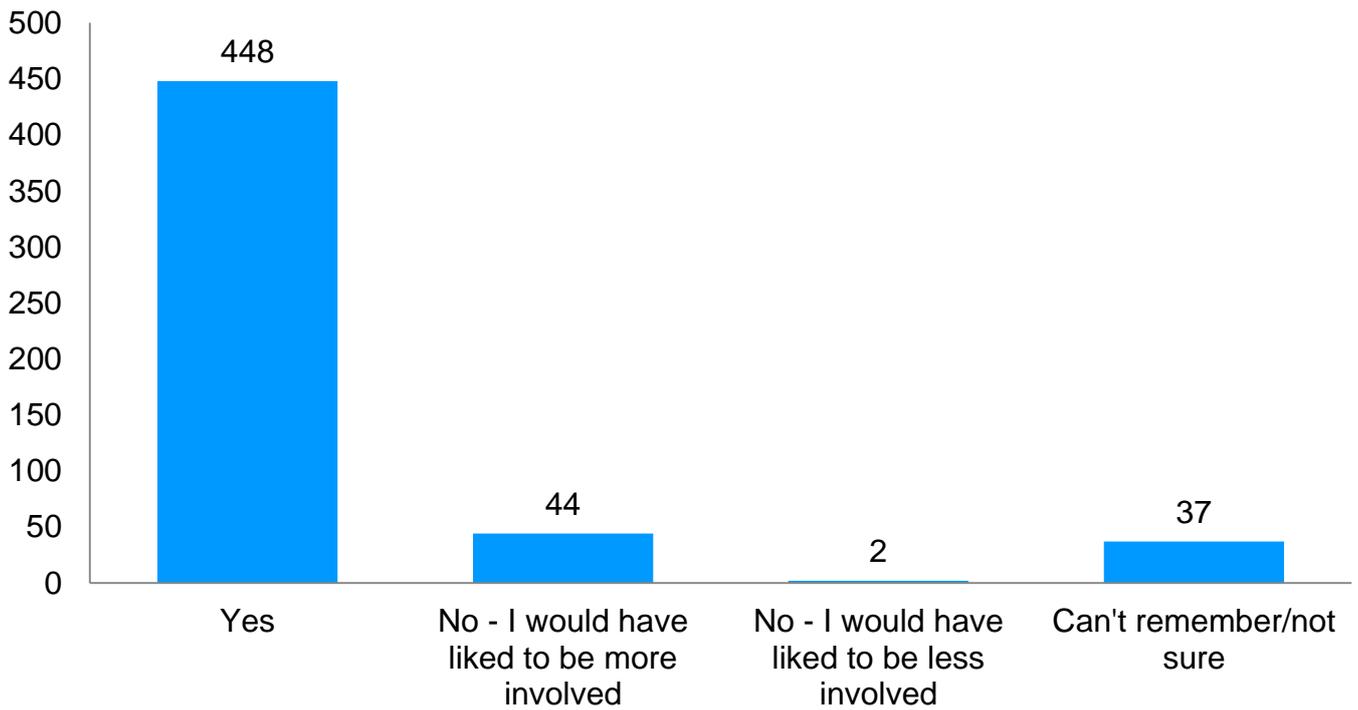
*Initial appointment times were ok but follow up
review appointments not satisfactory. Too long
to wait between appointments.*

*I got a cancellation so was very
pleased to have got seen.*

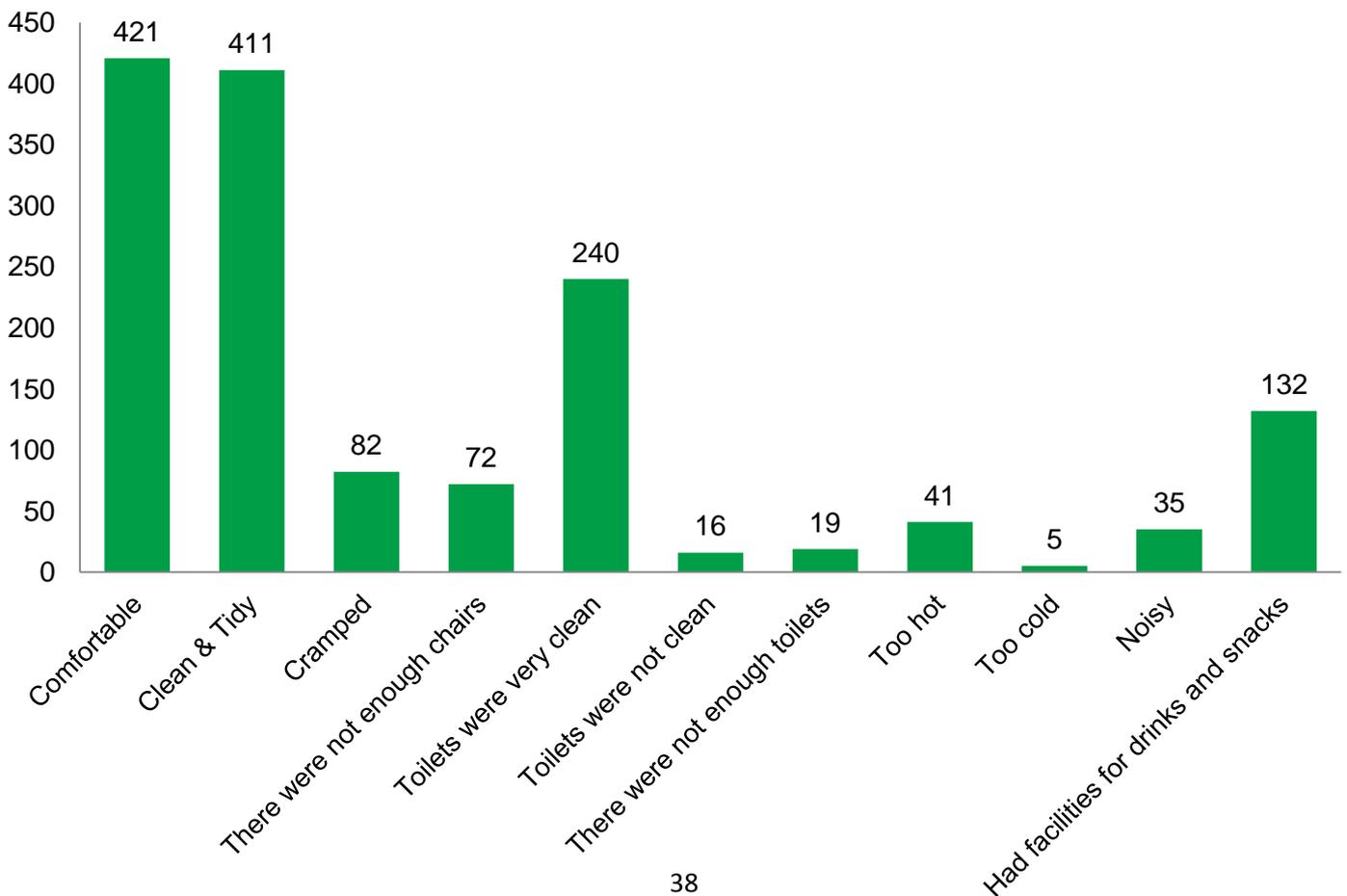
Area for action

- Addressing waiting times

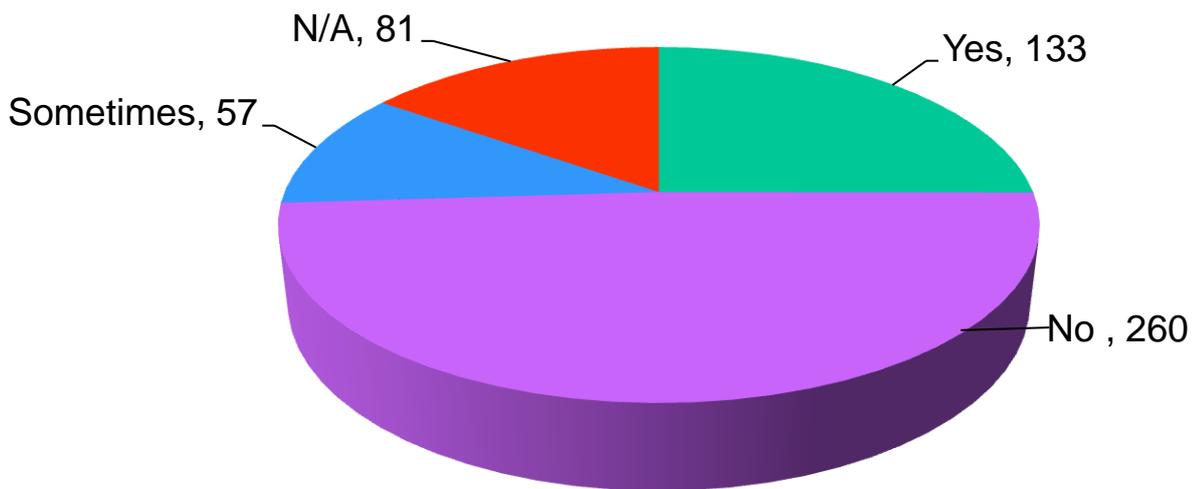
Q11. Were you involved in decisions about your treatment/care as much as you would have liked?



Q12. While you were waiting did you find the facilities..?



Q13. When you visit an eye clinic do you receive information about other professional & support services available to you?

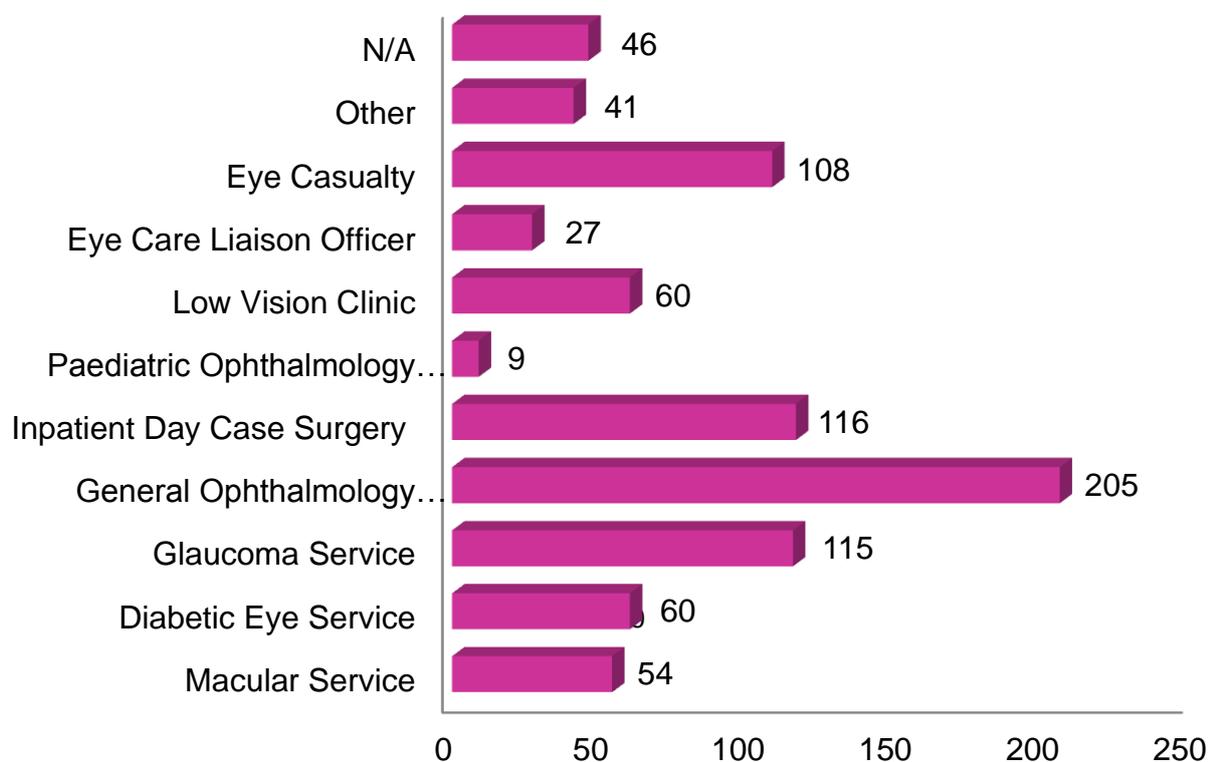


Q14. In your eye care experience, which of the following professional & support services were you involved with?

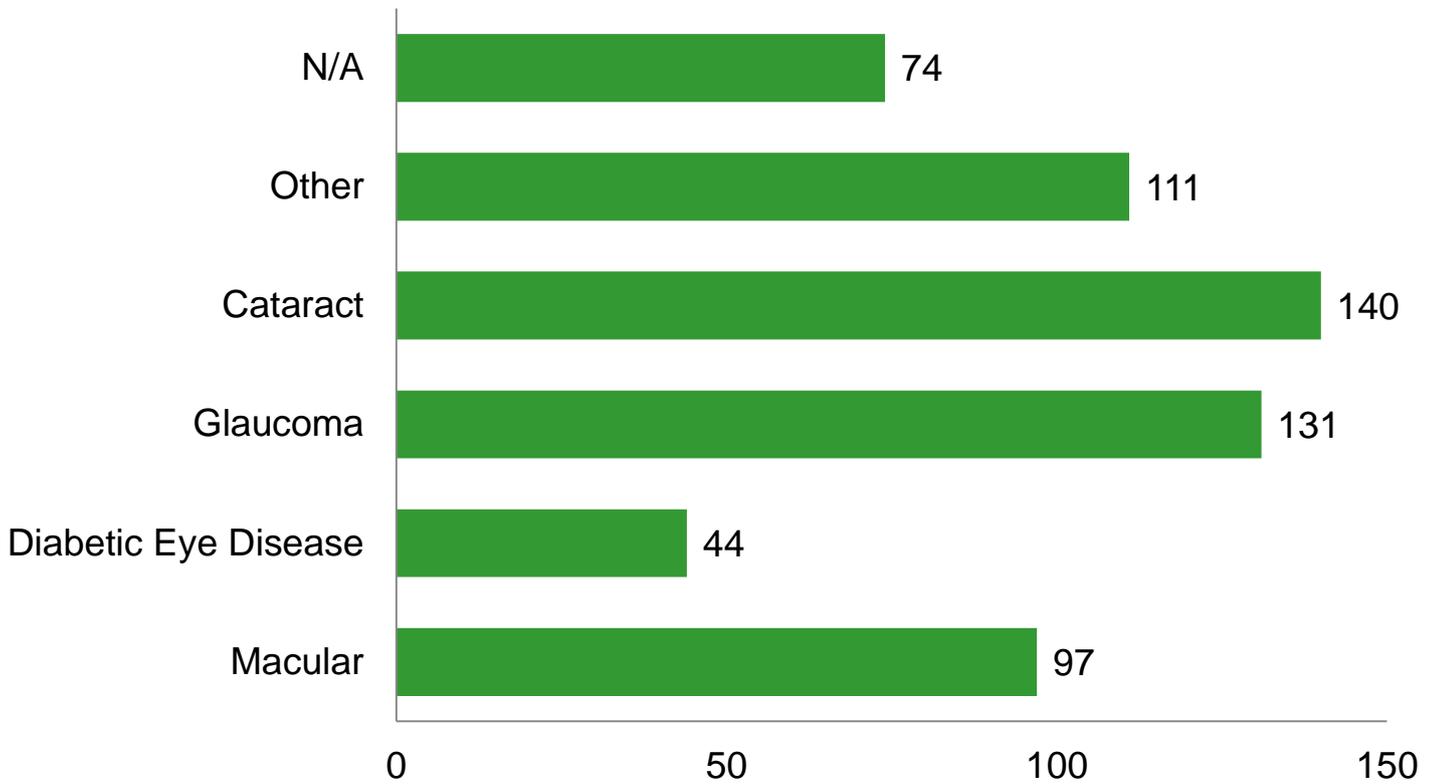
Community/High Street Optometrist	285
GP	243
Hospital Reception/Admin Staff	268
Nursing Staff	306
Nursing Auxiliary	78
Doctor or Consultant Ophthalmologist	371
Technician	68
Hospital Optician/Optomertist	152
Eye Care Liasion Officer	55
Eye Care Liasion Officer Support Volunteer	13
Health Care Assistant	30
Nurse Practitioner	72
Low Vision Service	57

Sensory Support Team	54
Interpreting Services	5
RNIB Helpline	15
Other RNIB Service	45
Macular Society	17
International Glaucoma Association	13
Other Patient Support Group or Charity	13
Volunteers	15
Domestic Services	11
Hospital Porter Staff	29
Orthoptics	56

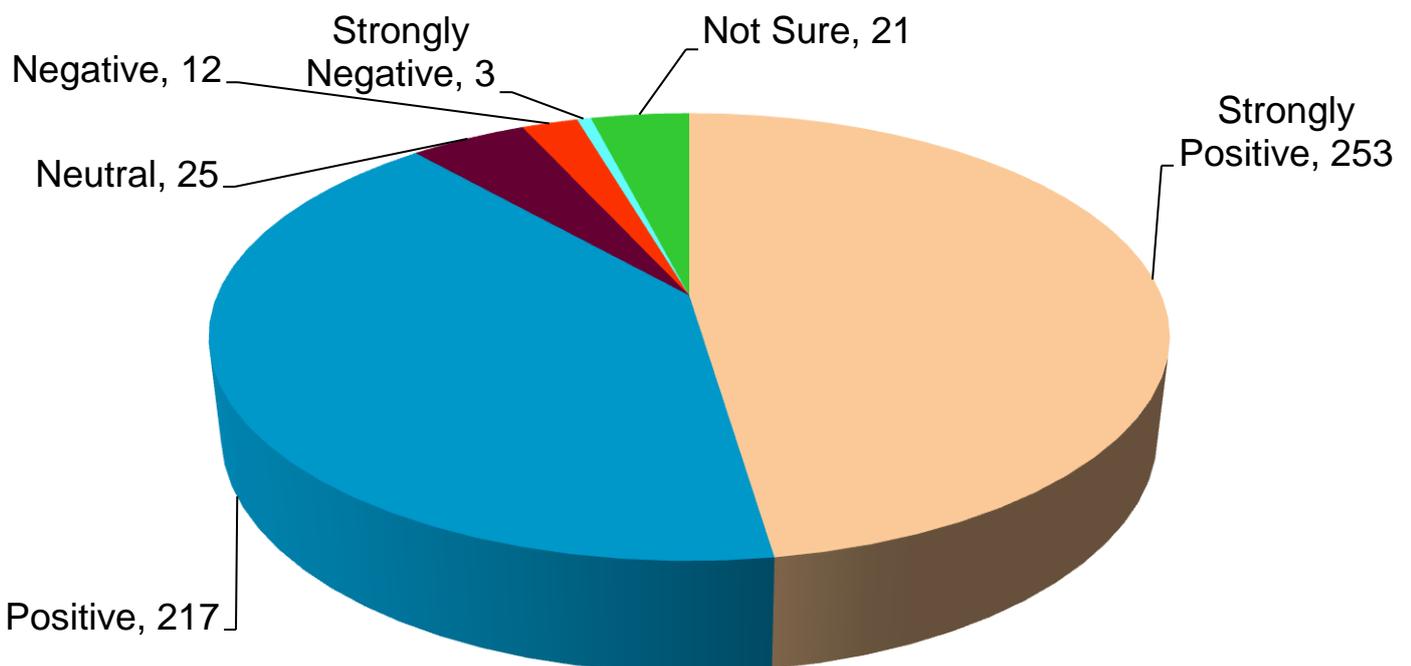
Q15. Did you attend any of the following services?



Q16. Did you attend the clinic/department because of any of the following conditions?



Q17. Overall how would you rate your experience?



Raising twins with sight loss.

Blind Frustration

A fifty year old injury successfully repaired.

A sight to hold.

Walking out of a mist into the clear day.

Eyesight very important.

Eye speak.

A chequered eye history.

A long wait for a job well done!

Big transformation to my life.

Eyes don't lie.

Devastating.

Grateful for sight.

A painful experience.

Light at the end of the tunnel?

A serious eye problem professionally resolved.

Don't you realise I can't see in an eye clinic.

Just another year.

Prompt and reassuring eye care.

Not enough staff had to bring specialist.

Staff stories

In total 30 stories have been received from staff who work in a range of roles within eyecare services, including nursing staff, consultants, orthoptists, medical technicians and clerical and administrative staff. Many of the staff indicates that they have been working in eye care services for a number of years and reflect positive working environments. Stories describe how staff feel that they can build up relationships with patients who attend their clinics on a regular basis.

Staff are keen to work with service leads to reduce waiting times for patients as they can see the effects on a person's eyesight if they have to wait for a long time to receive their care.

Extracts from stories:

Clinics to remain local for ease of access for elderly patients. Good local transport to suit rural areas. Sufficient clinics to meet the demand.

More multi-disciplinary eye meetings in peripheral trusts.

Patient numbers at clinics need to be appropriate but this is difficult as many patients require on-going care and new patients need fitted in!

It is important to gain a good rapport with patients so you can gain good co-operation through investigation and management. I ensure I explain my findings and management options clearly in a way that patients/parents can understand always check if they have any questions at the end of the appointment make joint decisions on management options when

Frustrated when I see on patients charts to be reviewed in a year and they are being seen in 2 years with failed vision and you wonder could this have been prevented especially Glaucoma patients.

I do feel frustrated when I hear stories from patients about the length of time they have waited for appointments and if surgery/investigations are required they are placed on another long waiting list. I take time to listen to the patient's worries and concerns and explain things to them to the best of my ability.

Start suggesting & implementing imaginative ways to reduce waiting times. Plus research to explore what specific issues matter to patients.

More doctors on clinics to reduce patient waiting lists.

More space, our unit is too small. We have outgrown area long ago.

5.0 Key messages from the stories

Overall 89% people have rated their experience as positive or strongly positive, in these stories the key messages which appear to contribute to a positive experience are as follows:

- Being treated with courtesy and respect and in a professional manner.
- Having access to local services.
- Receiving information about what will happen in their care journey and knowing what to expect at clinic appointments.
- Receiving treatment which is effective with good outcomes and successful treatments for the patient.
- Having consistency in care and being seen and treated by staff with whom patients and their families have developed a relationship.

Whilst it is reassuring to note that the key messages presented above highlight positive experiences for patients/clients/family members, there are stories which reflect areas for learning and reflection in which the issues arising require action both at Trust and regional level, these are presented below:

[Key message 1: Overall care of people who have visual impairments or registered blind:](#)

The information we have received highlights a number of key areas which

are challenging for people who have visual impairments/registered blind, including the following;

- Receiving information in an inappropriate format, for example, standard font letter
- Challenges using self – check in kiosks
- Staff unaware of how to deal with patients who have visual impairments/registered blind
- Difficulty reading signs
- Difficulty in reading staff name badges
- Environmental hazards, for example notes trolleys and floor cleaning signs

Local actions: Areas for action have been shared with service leads and as a result of the information in the patients' stories the following actions have been initiated:

- Reception area has been reopened in WHSCT as a result of information from patients indicating that they had difficulty with the self-service check in.
- The importance of staff introductions and first impressions, including staff attitude, has been reinforced with staff and the Hello my Name is campaign is being rolled out.
- Name badges with large print have been ordered in SHSCT and will be piloted in eyecare clinics.

Regional actions/recommendations:

- Communication to the patient should be in a format appropriate to their need
- Visual impairment awareness training for all staff, including accessing

resources from RNIB

- Reception areas for eye clinics should be manned rather than relying solely on self-check in kiosks
- Assessment should be undertaken for environmental hazards
- Leaflet with key information/map/directions/instructions from the patients postcode should usually be provided with first appointments and available on request should the patient require it for future appointments
- All Trusts should review their signage, being mindful of the needs of people with visual impairment

Key message 2: Receiving the right information and support at the right time in the right format

From the stories it is clear that people feel that they do not always receive the right information at the right time. This is evident in relation to the information people receive about their condition and what might happen in the future as well as the provision of emotional support.

Local action: Plan to review all information booklets

Actions/recommendations:

- Appointment information should be in appropriate formats and needs to contain sufficient detail about which clinic they are to attend, date, time and venue and what to expect at the clinic
- Notice of appointments, where possible, should allow adequate time for transport and time off work to be arranged
- Use of appointment reminders in appropriate formats should be promoted
- Patients should be given clear information about their condition and where they can obtain further information and support, for example through the

Eye Care Liaison Officer (ECLO) service

- Checking that information is clearly understood

Key message 3: Access to services and waiting times

A number of stories describe long waiting times to access services and the lack of information while people are in the process of waiting, which can lead to increased anxiety for the patient and their family.

Regional recommendation:

- Liaison with clinic and optometrist – possible letter to confirm receipt of referral and approx. time scale. First referral to hospital eye care services – advice where to go if sight deteriorating whilst waiting for appointment
GP/Optomtrist direct link to specialist registrar for urgent referral. Greater awareness (GP) of direct link.
- The adoption, by both optometrists and GPs, of eReferral via the Clinical Communications Gateway (CCG) allows the referrer to visualize that the referral has been received. CCG also allows eTriage (directing the patient to the most suitable clinic/specialist) and referral-for-advice functionality. Referral for advice will allow patients who do not need to be seen by the hospital to be managed more appropriately in primary care, reducing anxiety and travel time, and freeing hospital clinic appointments.
- Access to Northern Ireland Electronic Care Record (NIECR) will allow optometrists, like GPs (and ultimately service users), to be more involved in planning and decision-making about care, including time to treatment.
- A planned suite of indicators around outcomes-based accountability should require providers to report on breaches to clinically-indicated review appointments. This would allow failsafe targeting of those at risk of breach.
- Need to continue to address waiting times
- Addressing waiting times is a key commitment of “Health and Wellbeing

2026 - Delivering Together” and the resultant Elective Care Plan. HSC Board and PHA are planning system-wide changes to reduce demand/capacity gaps, build capacity in primary care, and improve the interface between primary and secondary care. This interface should allow for fast-track referral should a managed condition deteriorate.

Key message 4: Environmental issues in clinics

Stories describe how people feel that departments are cramped and can consequently be uncomfortable with a lack of privacy while people are waiting to be seen. As the information indicates that 37% people who submitted their story stated they had a disability, a number of people highlighted mobility problems in their stories.

Local action:

- Clinic 6 work expansion due to commence shortly (WHSCT)
- Adequate and appropriate seating should be provided in clinic areas
- Being mindful of the care needs of patients with special needs/disabilities

Consideration should be given to providing access to tea/coffee/water

Regional actions and recommendations

- Reminder to staff of their own personal and professional responsibility in relation to their Code of Conduct and the protection of patients’ information
- Future restructuring/rebuilding needs to take account of the need to ensure the environment is conducive to ensuring privacy is protected
- Adequate and appropriate seating should be provided in clinic areas
- Trusts should consider opportunities for eye related health promotion information in clinics.

6.0 Conclusion

Based on the information received, it is encouraging to note that for many people their experience of eyecare services has been a positive one. The analysis of the information helps us to identify what really matters to people and to highlight areas for reflection and improvement. The overall themes and messages will be integrated into and will help to inform future planning of eye care services to ensure that they are patient centered.

7.0 References

- Delivering Together Health and Wellbeing 2016 - 2026: Department of Health (2016): Department of Health, Social Services and Public Safety
- Developing Eyecare Partnerships: Improving the Commissioning and Provision of Eyecare Services in Northern Ireland Department of Health, Social Services and Public Safety.. Belfast. October 2012
- Elective Care Plan - Transformation and Reform of Elective Care Services. Department of Health, Social Services and Public Safety: Belfast. 2017.
- NIHR 'Human Rights Inquiry: Emergency Health Care' (May, 2015)
- Quality 2020: A 10 year strategy to protect and improve quality in health and social care in Northern Ireland

- Sensemaker® software produced by Cognitive

Edge Pte:

- Systems not Structures: Changing Health and Social Care. Department of Health. Expert Panel Report. 2016
- The Right Time, The Right Place - An expert examination of the application of health and social care governance arrangements for ensuring the quality of care provision in Northern Ireland :Department of Health. - December 2014
- Transforming Your Care – A review of Health and Social Care in Northern Ireland. Department of Health, Social Services and Public Safety. Belfast. 2011.